



NHS Long Term Plan Implementation Framework

June 2019

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1. Introduction to the NHS Long Term Plan Implementation Framework

- 1.1 **The [NHS Long Term Plan](#), published in January 2019, set out a 10-year practical programme of phased improvements to NHS services and outcomes, including a number of specific commitments to invest the agreed NHS five-year revenue settlement. This Implementation Framework sets out the approach Sustainability and Transformation Partnerships (STPs)/Integrated Care Systems (ICSs) are asked to take to create their five-year strategic plans by November 2019 covering the period 2019/20 to 2023/24. These plans should be based on realistic workforce assumptions and deliver all the commitments within the Long Term Plan. This document does not repeat the rationale and commitments set out in the Long Term Plan.**
- 1.2 **System plans will be aggregated, brought together with additional national activity and published as part of a national implementation plan by the end of the year** so that we can properly take account of the Government Spending Review decisions on workforce education and training budgets, social care, councils' public health service and NHS capital investment. The national implementation plan will set out initial performance trajectories and programme milestones to deliver Long Term Plan commitments.
- 1.3 Some of the commitments in the Plan are **critical foundations to wider change**. All systems must deliver on these foundational commitments for both service transformation (Chapter 2) and system development (Chapter 3) in line with nationally defined timetables or trajectories, including the Government's five financial tests which are set out in Chapter 8, with proposed metrics included in Annex C.
- 1.4 **Systems will also have substantial freedoms to respond to local need, prioritise, and define their pace of delivery for the majority of commitments** (Chapters 4 and 5), but will need to plan to meet the end points the Long Term Plan has set.
- 1.5 Plans should prioritise actions that will help improve the quality of, and access to, care for their local populations, with a **focus on reducing local health inequalities and unwarranted variation. Ensuring that we back our staff (Chapter 6) and develop a digitised NHS (Chapter 7) will also be at the heart of local plans.**
- 1.6 The national and regional support that systems can draw on is signposted throughout this Implementation Framework alongside a number of nationally delivered activities to support local implementation. It aims to reflect our new national operating model. **Our ambition is to better coordinate how national and regional teams are working together to provide support to systems, based on local needs.**
- 1.7 **The Implementation Framework has been developed and tested with many of the stakeholders that were involved in developing the Long Term Plan.** We have sought views from systems across the country to inform the development of the Implementation Framework. We have also engaged with stakeholders, including the NHS Assembly and partners from Local Government Association, NHS Providers, the NHS Confederation, Academy of Royal Medical Colleges, government and VCSE organisations. Based on their feedback, we have focused this Implementation Framework on setting out what the NHS needs to deliver from 2020/21 through to 2023/24, including the national 'must dos', whilst leaving space for systems to set out

how they will deliver and phase progress in line with local priorities. It does not repeat the asks of the [2019/20 Operational Planning and Contracting Guidance](#).

An integrated approach to strategic and operational planning

1.8 STPs/ICSs are expected to bring together members organisations and wider partners, adopting a common set of principles and leadership behaviours as they develop and deliver plans. In doing this, systems will be expected to ensure that their plans align with the following principles:

- **Clinically-led:** In practice this means that systems will need to identify and support senior clinicians to lead on the development of implementation proposals for all Long Term Plan commitments that have clinical implications and on the totality of their plan.
- **Locally owned:** Build on existing engagement with local communities to ensure they can meaningfully input into the development of local plans. Local government will be key partners to developing system plans and are asked to engage throughout the process. Similarly, the voluntary sector and other local partners, including representatives from the most marginalised communities who often experience the poorest health and greatest inequalities, should be involved. Support for this is available through the [NHS Involvement Hub](#), the [national resource pack](#) and the nationally commissioned Healthwatch contract.
- **Realistic workforce planning:** The interim [NHS People Plan](#) sets out the national context. Systems should set out realistic workforce assumptions, matched to activity and their financial envelope. Plans should also show the steps to be taken locally to improve retention and recruitment.
- **Financially balanced:** The outline business rules for planning are set out in Chapter 8 of this Implementation Framework, with supporting assumptions and financial allocations set out in Annexes A and B. Systems need to show how they will deliver the commitments in the plans within the resources available. Local plans will need to include the financial recovery plans for individual organisations in deficit against specified deficit recovery trajectories (test 1), with actions to achieve cash releasing savings (test 2) including through the reduction of unwarranted variation (test 4) and how they will moderate growth demand (test 3). Plans should set out capital investment priorities for capital budgets being agreed through the forthcoming Spending Review (test 5).
- **Delivery of all commitments in the Long Term Plan and national access standards:** The Long Term Plan was based on an inclusive and thorough process that identified prioritised, costed interventions based on clinical evidence and patient and public views. The Long Term Plan will be implemented comprehensively, with system plans setting out what their contribution to this will be. Plans which will cover the four-year period April 2020 to March 2024 will also need to set out how systems will continue to maintain and improve performance for cancer treatment, mental health and A&E, to the point at which any new standards proposed by the Clinical Review and accepted by Government are implemented. They should also set out how elective care activity will be increased to reduce elective waiting lists and eliminate 52+ week waits.
- **Phased based on local need:** Whilst the Long Term Plan must be delivered in full, this does not mean that all initiatives should be implemented simultaneously everywhere. National requirements for some foundational requirements have been set out in Chapters 2 and 3. Beyond this, the scale and pace of local implementation should be based on local need and priorities.

- **Reducing local health inequalities and unwarranted variation:** System plans should set out how they will use their allocated funding to deliver tangible improvements in health outcomes and patient experience and help reduce local health inequalities. System plans should also use available data to understand how their outcomes compare with their peers, identify and reduce unwarranted variation.
- **Focussed on prevention:** System plans must consider not just how to deliver health services but how to prevent ill health.
- **Engaged with Local Authorities:** System plans should expect to be developed in conjunction with Local Authorities and with consideration of the need to integrate with relevant Local Authority services.
- **Driving innovation:** All system plans must consider how to harness innovation locally.

1.9 All systems will be expected to agree their plans by mid-November 2019 and publish them shortly thereafter. These strategic plans will form the foundation of service and system change over the next five years. Whilst they will continue to evolve over that period, it is important that systems are transparent about their plans and ambitions. Annex C sets out the initial proposed headline measures against which the success of the NHS will be assessed. Views on the appropriateness of these measures are invited. These will then be finalised as part of the national Implementation Plan in the Autumn and used as the cornerstone of the mandate and planning guidance for the NHS for the next 5 years. Systems should therefore show how they plan to make progress against them. Further details on these measures will be published shortly.

1.10 As part of our new shared operating model, NHS England and NHS Improvement will work through our integrated regions with local systems as they develop and finalised their plans. For foundational elements as set out in Chapters 2 and 3 of this document, and for other Long Term Plan commitments where local need means rapid progress is required in the early years of implementation. Regions will seek greater levels of detail, including trajectories. National teams will work with regions to ensure that credible plans and trajectories (where applicable) exist to deliver Long Term Plan commitments and the five financial tests over the next five years. Further details on how national and regional teams will work together and support systems is set out in the Chapter 9.

A proactive approach to prevention and reducing health inequalities

1.11 Over the next five and ten years the NHS will progressively increase its focus on prevention and ensure that inequalities reduction is at the centre of all our plans. A Government's forthcoming Prevention Green Paper should provide further opportunities for the NHS and Government to go further, faster, in prevention and inequality reduction and will feed into future iterations to system plans.

1.12 System plans should demonstrate the key areas of inequality they will tackle and how additional funding is targeted, for example actions that will address the health inequalities experienced by disadvantaged or vulnerable groups, such as people with disabilities, LGBT+, BME communities as well as others. Systems can draw on Public Health England's (PHE) Place Based Approaches to Reducing Health Inequalities and the Menu of Evidence Based Interventions for reducing Health Inequalities being published in the summer as they develop their plans. Systems should complete an Equality Impact Assessment for their plans.

Investment to support transformation

1.13 Systems already have five-year [CCG allocations](#). This Implementation Framework also sets out where additional funding will be made available to support specific commitments and where activity will be paid for or commissioned nationally. Largely, additional funding will be provided in two ways:

- Where activity is expected to happen across the country and in every system, funding will generally be made available on a **'fair share' basis. Each system will be given an indicative additional allocation to reflect in their plans.** Access to this service development funding will be conditional upon systems agreeing their strategic plans with NHS England/Improvement's regional teams, who will be advised by the National Service Transformation Directors. More mature systems will have greater autonomy over how additional resources are deployed. Detail of the indicative additional allocation for each system will be communicated alongside this Implementation Framework.
- Some commitments within the Long Term Plan will of necessity have to be funded in a **targeted way either because the whole country is not covered by the service based on specific needs, or to test implementation approaches as evidence is developed and service specifications finalised.** The Implementation Framework identifies the commitments that will be funded in this way, and when funding will be available. Where there is a local ambition to act as a testing site for new approaches or interventions, and receive a share of the associated funding, systems should discuss and agree this with their region through the summer planning process. Individual national programme teams will also be able to share more information on how targeted funding can be accessed.

1.14 National aggregates for both the 'fair share' and targeted funding are set out at Annex A.

2. Delivering a new service model for the 21st century

- 2.1 Delivering the fundamental service changes, set out in this chapter, along with the productivity ambitions set out in Chapter 8, are a prerequisite for being able to develop and improve other services based on local population health needs. **Plans should set out how these foundational commitments within the Long Term Plan will be delivered and their five-year trajectories for doing so.**

Transformed 'out-of-hospital care' and fully integrated community-based care

- 2.2 By July 2019 all of England will be covered by PCNs supported by significant investment (almost £1.8 billion by 2023/24) as set out in the five-year framework for GP contract reform. This investment is linked to a clear set of deliverables, laid out in the contract documents.
- 2.3 PCNs are encouraged to make early progress in the service specifications that commence from 2020/21 including the anticipatory care requirement (with community services); Enhanced Health in Care Homes; structured medication review requirements for priority groups; personalised care and early cancer diagnosis support. PCNs should also develop their partnerships with other health and care providers, particularly community and mental health services.
- 2.4 The GP contract guarantees funding to develop these multidisciplinary teams and will support the recruitment of 20,000 additional staff to work alongside doctors and nurses in PCNs over the next five years. The scheme will meet a recurrent 70% of employment costs for additional clinical pharmacists, physician associates, physiotherapists and community paramedics; and 100% of the costs of additional social prescribing link workers. Growth has been phased over the five-year period to align with supply and the developing maturity of PCNs. To effectively meet their diverse population's needs, these staff will need to work alongside those from NHS, local authority and other organisations to provide integrated community care.
- 2.5 The Long Term Plan reconfirmed the commitment to ensure an increase of 5,000 full time equivalent doctors working in general practice as soon as possible. In addition to plans to recruit and retain more doctors and nurses – including additional fair shares funding for a two-year fellowship scheme for the newly qualified – growth in these roles will be supported through increased GP contract funding, which rises by £978 million a year by 2023/24 as a result of investment under the new contract. £12 million is also being invested in GP retention in 2019/20 and 2020/21 and will be allocated on a fair shares basis to STPs.
- 2.6 This workforce will be supported through a network of primary care and community training hubs that will deliver a set of core functions to educate, train and support the current and future workforce working as part of multidisciplinary teams. All STPs and ICSs will have access to the functions of a training hub by March 2020 and will receive a fair shares funding allocation from 2019/20 to 2023/24 to support this.
- 2.7 The framework for GP contract reform committed to the introduction of a new Investment and Impact fund for PCNs, which will start in 2020 and will support delivery of the Long Term Plan. Funding is expected to rise to £300 million in 2023/24.
- 2.8 The national PCN Development Programme will provide fair shares funding and support to local systems as they develop their PCNs including ensuring that each PCN

Clinical Director is able to access leadership development support. Further details on the support available to systems is available [here](#).

2.9 As a minimum, system plans should focus on four things:

- i. **meeting the new funding guarantees for primary medical and community health services;**
- ii. **supporting the development of their PCN;**
- iii. **improving the responsiveness of community health crisis response services to deliver the services within two hours of referral, and reablement care within two days of referral;** and
- iv. **creating a phased plan of the specific service improvements and impacts they will enable primary and community services to achieve, year by year,** taking account of the national phasing of the new five-year GP contract.

2.10 This part of the plan must involve and ideally be agreed with community providers, primary care providers, and the new Clinical Directors of Primary Care Networks. It should also be subject to dedicated discussion at all Health and Wellbeing Boards. The voluntary sector and Local Medical Committees should also be involved.

i. Meeting the new funding guarantee

2.11 **For each of the four years from 2020/21 to 2023/24, system plans must set out, indicatively, how they are going to meet the new primary medical and community health service funding guarantee** of a £4.5 billion real terms increase in 2023/24 over 2018/19 planned spend. This equates to a £7.1 billion cash increase and covers primary medical, community health and continuing health care (CHC) spend. Every region must meet its share from April 2020 onwards. That means every system has to agree what its share will be with its region and include that number in its system plan. Then, in 2023/24, the funding guarantee will directly apply to every ICS without exception.

2.12 As they do this, systems will need to ensure they honour the GP contract entitlements over and above existing baseline spend. They will need to show the distribution of funding across primary care, community health and CHC services.

ii. Supporting Primary Care Networks

2.13 **System plans should show what development support will be provided. Systems should prioritise helping PCNs build excellent relationships with their community partners.** The support they offer can only be designed with the full involvement of the Clinical Directors of the PCNs and their community health services partners. Dedicated national support funding is being provided as a “floor”, and a PCN development prospectus will be published in the summer.

iii. Improving the responsiveness of community health crisis response services to deliver the services within two hours of referral and reablement care within two days of referral

2.14 **The four strategic priorities for community health services are:** (i) delivering improved crisis response within two hours, and reablement care within two days; (ii) providing ‘anticipatory care’ jointly with primary care; (iii) supporting primary care to developed Enhanced Health in Care Homes; (iv) building capacity and workforce to do

these three things, including by implementing the Carter report and using digital innovation. Of these, (ii) and (iii) are a joint enterprise with GP practices as part of PCN delivery. Nationally, we will develop standard service specifications that take into account the phasing of funding increases.

iv. Implementing service improvements and achieving impact

- 2.15 The funding guarantee, primary care network support, and focusing on community services transformation are necessary means - but they are not the ends.
- 2.16 **System plans should set out an initial view of what services improvements they realistically are aiming to achieve when, demonstrably phased over the next four years.** As they do this, they will need to take into account of the phasing of the new GP contract including the seven new national service specifications and full implementation of the final years of the pre-existing GP Forward View commitments, recognise that community services will need a major capacity boost to deliver Long Term Plan goals, and that primary care faces major workforce and workload challenges. The schedule of improvements must be agreed with community providers and Clinical Directors of Primary Care Networks and be linked to meeting the new funding guarantee.
- 2.17 **Linked to phased improvements, system plans will ultimately need to set out the quantified impacts expected on “downstream” hospital NHS utilisation, as well as better outcomes.** Realistically, for a challenged system this exercise is likely to be best undertaken in the next 12-24 months in the light of planned improvements, rather than now. Equally, leading systems will be able to include more detail in their plans now and show the way forward for the rest of the country.
- 2.18 The Long Term Plan set out the steps that will be taken to build a more carer-friendly NHS. Local plans should set out how carer identification and support is being addressed locally, to help improve outcomes for carers. More information on the support the national carers team will provide to systems can be found [here](#).
- 2.19 National support for systems as they develop their plans can be found [here](#).

Reducing pressure on emergency hospital services

- 2.20 System plans should show how local urgent and emergency care services will continue to develop to provide an integrated network of community and hospital-based care. Where systems can reduce the pressure on their emergency services they will benefit from an upside financial, capacity and staffing ‘dividend’ that can be reinvested in their local priorities. Field testing for the Clinical Review of Standards has now begun; learning from this will be considered before any changes are recommended for wider roll out. In the interim, systems should continue ongoing service improvement work so that performance is maintained and improved for A&E, to the point at which any new standards, proposed by the Clinical Review and accepted by Government, are implemented.
- 2.21 Support available to systems as they develop their emergency care services can be found [here](#).

Giving people more control over their own health and more personalised care

- 2.22 Systems will be expected to set out how they will use the funding available to them to implement the six components of the NHS Comprehensive Model for Personalised

Care as set out in [Universal Personalised Care](#). Regional teams will support systems to develop local trajectories in line with the national ambition in the Long Term Plan, including their shares of social prescribing activity and personal health budget take up.

2.23 Funding to support the delivery of Universal Personalised Care is available as follows:

- Through the Network Contact Direct Enhanced Services (DES) from 2019/20, for employment of social prescribing link workers;
- Targeted funding to deliver the NHS Comprehensive Model for Personalised Care from 2019/20 to 2021/22;
- Targeted funding from 2019/20 to 2021/22 to CCG champions to support other local areas to deliver components of the Comprehensive Model;
- NHS England and NHS Improvement has committed to increase its contribution to funding both children's hospices and children's palliative and end of life care services. More detail will be set out shortly, including arrangements for match-funding CCGs where they commit to increase their local investment. System plans should reflect this local increase in investment.

2.24 Additional support for developing and delivering system plans will be available through the national personalised care team and can be found [here](#).

Digitally-enabling primary care and outpatient care

2.25 Systems should set out in their plans how they will increase the use of digital tools to transform how outpatient services are offered and provide more options for virtual outpatient appointments. As part of this, systems should identify which specialties they intend to prioritise as they work towards removing the need for up to a third of face-to-face outpatient visits, reducing outpatient visits by 30 million a year nationally, and reducing the need for unnecessary patient and staff travel. Systems should also demonstrate in their plans how they will work with their CCGs and GP practices to deliver the commitments relevant to digital primary care set out in the NHS Operational Planning and Contracting Guidance 2019/20, GMS contract for 2019/20 and GMS contract framework. This includes the delivery of an online consultation offer in each practice by April 2020 and a video consultation offer to all patients by April 2021. The programme of work to deliver digital first primary care is being finalised and by the end of July 2019, we will confirm the programme arrangements and process for managing targeted funding for health systems. Selected sites in each region will test and validate the approach to digital first primary care.

2.26 Together with NHSX we will support systems to develop and deliver their plans. Further information can be found [here](#).

Better care for major health conditions: Improving cancer outcomes

2.27 Local systems should engage with their Cancer Alliances to set out practically how they will deliver the Long Term Plan commitments for cancer over the next five years including on early diagnosis and survival, while improving operational performance through interventions by:

- Improving the one-year survival rate.
- Improving bowel, breast and cervical screening uptake;
- Roll-out of FIT for symptomatic and non-symptomatic populations in line with national policy, and HPV as a primary screen in the cervical screening programme;

- Improving GP referral practice;
- Implementation of faster diagnosis pathways;
- Improving access to high-quality treatment services, including through roll out of Radiotherapy Networks, strengthening of Children and Young People's Cancer Networks, and reform of Multi-Disciplinary Team meetings;
- Roll-out of personalised care interventions, including stratified follow-up pathways, to improve quality of life.
- Cancer Alliances will need to set out how the plans will address unwarranted variation, improve patient experience, and be supported by appropriate workforce.

2.28 By 2023/24 over £400 million of additional funding will have been distributed to Cancer Alliances on a fair shares basis to support delivery of the Long Term Plan ambitions for cancer. Targeted funding will also be available to support the development and spread of innovative models of early identification of cancer:

- We are already establishing lung health checks in ten areas of the country with some of the worst mortality rates from lung cancer. From April 2020, we will continue to roll these out, based on the evidence gathered, in areas with higher mortality rates.
- In 2019/20, Cancer Alliances are working to implement the first round of Rapid Diagnostic Centres (RDCs). RDC rollout will be agreed as part of LTP implementation planning in the Autumn.
- Alongside lung health checks and RDCs, we will also support new innovations in healthcare for early diagnosis. Based on identification of promising new technologies and service models by an expert clinical group, we will drive the rapid take-up and spread of innovation across the country led by the Cancer Alliances.

2.29 National and regional teams will work to support Cancer Alliances and systems, details of this support can be found [here](#).

Better care for major health conditions: Improving mental health services

2.30 The Long Term Plan committed that investment in mental health services will grow faster than the NHS budget overall for each of the next five years, creating a new ringfenced local investment fund worth at least £2.3 billion a year by 2023/24. In addition, children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending. Funding to deliver the full suite of Five Year Forward View for Mental Health (FYFVMH) and NHS Long Term Plan mental health commitments will be available via a mix of CCG baseline allocations and transformation funding available over the five-year period. System plans must now set out how they will meet this mental health investment standard and use the investment and the additional funding set out in this document to deliver the commitments in the Long Term Plan and the Five Year Forward view for Mental Health including taking account of the patient and carers race equality framework we are developing.

2.31 Where appropriate, specialised mental health services and learning disability and autism services will be managed through NHS-led provider collaboratives over the next five years. NHS-led provider collaboratives will become the vehicle for rolling-out specialist community forensic care. The specialised commissioning mental health budget will be increasingly devolved directly to lead providers for adult low and medium secure mental health services, CAMHS Tier 4 services and adult eating

disorder inpatient services. NHS-led provider collaboratives will be able to reinvest savings they make on improving local services and pathways.

- 2.32 Growing CCG allocations across the five-year period are available to systems to deliver the plan including stabilising and expanding core community teams for adults and older adults with severe mental health illnesses. This includes testing and rolling out adult community access standards once agreed, services for people with specific and complex needs for people with a diagnosis of 'personality disorder', Early Intervention in Psychosis (EIP), adult eating disorders, and mental health community rehabilitation. In addition, all areas will receive a fair share of transformation funding from 2021/22 to 2023/24 to deliver these services in new models of care integrated with primary care networks
- 2.33 In addition to CCG baseline funding all local areas will receive an additional fair share funding allocation to support the delivery of these nationwide mental health priorities:
- 345,000 additional children and young people (CYP) aged 0-25 will be able to access support via NHS-funded mental health services (in addition to the Five Year Forward View for Mental Health's commitment to have 70,000 additional CYP accessing NHS Services by 2020/21);
 - Expansion of access to specialist community perinatal mental health services in 2019/20;
 - By 2020/21 there will be 100% coverage of 24/7 adult crisis resolution and home treatment teams operating in line with best practice;
 - The continued expansion of CYP mental crisis services so that by 2023/24 there is 100% coverage of 24/7 crisis provision for CYP which combines crisis assessment, brief response and intensive home treatment functions;
 - The development of local mental health crisis pathways including a range of alternative services so that by 2023/24 there is 100% roll out across the country.
- 2.34 Further funding allocations will be made to individual systems in consultation with NHS England/Improvement regions as follows:
- Salary support for IAPT trainees (approximately 60% of salary) will be available from 2019/20 to all areas in accordance with the number of trainees recruited;
 - Development of school or college-based Mental Health Support Teams (MHSTs) in all regions (in line with the previous Green Paper commitments), which will contribute to the additional 345,000 CYP access figure.

Detail of the funding available for each of these initiatives and allocations to individual systems will be decided through the five-year planning process.

- 2.35 Targeted funding will also be available to specific sites for a range of smaller initiatives and pilots, including:
- Funding for the development and testing of maternity outreach clinics in 2020/21 and 2021/22 ahead of national roll-out;
 - Funding to pilot new models of integrated primary and community care for adults and older adults with severe mental illnesses in 2019/20 and 2020/21.
 - Continuation of funding for mental health liaison services to achieve 70% coverage of 'core 24' services by 2023/24;
 - Continuation of the Individual Placement Support wave funding in 2019/20 and 2020/21;

- Testing of clinical review of standards in 2019/20;
- Developing a hub and spoke model for problem gambling from 2019/20, with central clinics which have satellite clinics in neighbouring populations;
- Completing the piloting of Specialist Community Forensic Care and women's secure blended services by 2020/21;
- Implementation of enhanced suicide prevention initiatives and bereavement support services;
- Developing new mental health services to support rough sleepers, to meet the ambition of the Government's rough sleeping strategy for the NHS to invest up to £30 million over the next five years in this area.

2.36 Systems will be able to access support from national and regional teams, details of which can be found [here](#).

Better care for major health conditions: Shorter waits for planned care

2.37 Systems need to set out how they will expand the volume of planned surgery year-on-year, cut long waits, and reduce the size of waiting lists over the next five years. Systems should confirm they are continuing to provide patients with a wide choice of options for quick elective care, including expanding provision of digital and online services.

2.38 Systems will ensure that no patient will have to wait more than 52-weeks from referral to treatment (RTT). They will also need to implement a planned NHS-managed choice process across the country for all patients who reach a 26-week wait, starting in areas with the longest waits and rolling out best practice through a combination of locally established targeted initiatives and nationally-driven pilots.

2.39 By 2023/24, systems should have scaled their provision of First Contact Practitioners (FCP) so that all patients across England have access. This will provide faster access to diagnosis and treatment for people with MSK conditions and support more patients to effectively self-manage their conditions. Mature systems will be expected to achieve a faster pace of mobilisation. An updated [FCP specification](#) has been developed and was published in May 2019. Systems should also set out how they will expand access to other MSK support services, including via digital and online routes.

2.40 The data, tools and practical support offered by the national improvement and clinical improvement programmes, including [GIRFT](#) and [NHS RightCare](#), will support systems in identifying and addressing unwarranted variation and support the delivery of shorter waits for planned care.

3. Increasing the focus on population health – moving to Integrated Care Systems everywhere

- 3.1 Delivering service transformation of this scale requires a well-developed system and effective underpinning infrastructures. **Plans must therefore set out how STPs will develop to become an ICS by April 2021.** We published an [ICS maturity matrix](#) to guide systems on the characteristics we expect of Integrated Care Systems. We anticipate systems to show how they will reach the ‘mature’ level by April 2021.
- 3.2 The characteristics of a mature ICS include:
- Collaborative and inclusive multi-professional system leadership, partnerships and change capability, with a shared vision and objectives including an independent chair;
 - An integrated local system, with population health management capabilities which support the design of new integrated care models for different patient groups, with strong PCNs and integrated teams and clear plans to deliver the service changes set out in the Long Term Plan; improving patient experience, outcomes and addressing health inequalities;
 - Developed system architecture, with clear arrangements for working effectively with all partners and involving communities as well as strong system financial management and planning (including a way forward for streamlining commissioning, and clear plans to meet the agreed system control total moving towards system financial balance);
 - A track record in delivering nationally agreed outcomes and addressing unwarranted clinical variation and health inequalities;
 - A coherent and defined population, where possible contiguous with local authority boundaries. Most systems are working within their existing footprint. However, if there are any systems who wish to propose an adjustment to their current geography, then the STP or Local Authority should formally notify NHS England and NHS Improvement via their Regional Director by 31 July 2019 of their requested change.
- 3.3 Further [information about ICSs](#), including examples from existing ICSs, is available to systems.
- 3.4 We expect systems to set out how they see the provider and commissioner landscape developing, for example to overcome challenges faced by providers in rural or remote locations. Proposals may include developing group structures or new approaches to collective decision-making. Guidance for aspirant provider groups will be published later in 2019, followed by the new ‘fast-track’ approach to assessing transactions for groups. We intend to publish the Integrated Care Provider Contract during summer 2019. This will offer an opportunity for greater integration of care through contractual integration of primary medical services with other services.
- 3.5 We have developed guidance that further details the growing freedoms and flexibilities that will be available to ICS as they increasingly mature and demonstrate strong system performance. We expect this to evolve over time as systems and regional team work together. Further details on the support available to systems can be found [here](#).

4. More NHS action on prevention

- 4.1 In previous chapters we have set out foundational elements of the Long Term Plan where additional detail, trajectories, and expectations of progress in the early years of Long Term Plan implementation are expected. **The wider service transformations described in chapters 4 and 5 are also key elements of Long Term Plan delivery. However, they include areas where systems will want to phase activity to reflect local priorities**, varying starting points or where national enabling actions are required before they can be implemented at scale across the NHS. Regions will agree trajectories for delivery of these commitments that take account of this flexibility.
- 4.2 In developing their plans, systems will need to work in close partnerships with regional and local Directors of Public Health to set out how they and their local authority partners who have commissioning responsibility for many of these preventative services will develop and deliver prevention activities that respond to local health needs and deliver on the commitments in the Long Term Plan, including obesity, smoking, alcohol, sexual health, antimicrobial resistance and air pollution. At a national level, we will develop indicators and datasets to monitor the impact of these prevention activities on health inequalities.
- 4.3 Further details of the prevention programme support can be found [here](#). To support the delivery of prevention activities additional funding will be made available:
- **Smoking:**
 - Targeted investment to develop NHS-funded smoking cessation services in selected sites in 2020/21;
 - Additional indicative allocations for all STPs and ICSs, from 2021/22, for the phased implementation of NHS smoking cessation services for all inpatients who smoke, pregnant women and users of high-risk outpatient services (as a complement not a substitute for local authority's own responsibility to fund smoking cessation).
 - **Obesity:**
 - The Diabetes Prevention Programme (DPP) is a nationally-funded and commissioned programme. Systems should set out local referral trajectories that will contribute to the national DPP uptake;
 - Targeted funding for 2020/21 and 2021/22 for a small number of sites to test and refine an enhanced weight management support offer for those with a BMI of 30+ with Type 2 diabetes or hypertension and enhanced Tier 3 services for people with more severe obesity and comorbidities.
 - **Alcohol:**
 - Targeted funding available from 2020/21 to support the development and improvement of optimal Alcohol Care Teams in hospitals with the highest rates of alcohol dependence-related admissions.
 - **Air pollution:**
 - Targeted support from the NHS Sustainable Development Unit to spread best practice in sustainable development, including improving air quality, plastics and carbon reduction.
 - **Antimicrobial resistance:**
 - Targeted support available to regions to drive progress in implementing the Government's five-year national action plan, [Tackling Antimicrobial Resistance](#), to reduce overall antibiotic use and drug-resistant infections.

5. Delivering further progress on care quality and outcomes

- 5.1 Chapter 5 sets out wider service transformations that are key elements of Long Term Plan delivery where systems will want to phase activity to reflect local priority, varying starting points or where national enabling actions are required before they can be implemented at scale across the NHS. Regions will agree trajectories for delivery of these commitments that take account of this flexibility.

A strong start in life for children and young people

- 5.2 Local Maternity Systems should set out how they will ensure that babies born anywhere in England has the best possible start in life, consistent with the Long Term Plan commitments and the conclusions of Better Births. The national Maternity Transformation Programme and Children and Young People's Transformation Programme will work together in supporting systems. LMS plans should be integrated into broader local system plans. Further support is set out [here](#).

Maternity and neonatal services

- 5.3 There will be fair shares funding for LMSs to 2020/21 to support the implementation of Better Births. Additional funding will be provided to all systems to support the delivery of the following Long Term Plan commitments:

- **Continuity of Carer:** Targeted funding will go to LMSs in 2021/22 to 2023/24 to support the most deprived areas, to address health inequalities.
- **Saving Babies' Lives Care Bundle (v2):** Funding will be available on a fair shares basis from 2021/22 to optimise implementation, particularly the new element on reducing pre-term births.
- **UNICEF Baby Friendly Initiative:** Targeted funding will be available from 2019/20 to 2023/24.
- **Neonatal Critical Care services:** Targeted funding will be available from 2021/22 to support the expansion and improvement of neonatal critical care services and to develop allied health professional (AHP) support. A finalised neonatal critical care services tariff will be in place by March 2022.
- **Integrated support for families during neonatal care:** Targeted funding will be available from 2020/21 to ensure that there are care coordinators within each of the clinical neonatal networks across England to support families to become more involved in the care of their baby.
- **Postnatal physiotherapy and multidisciplinary pelvic health clinics:** Targeted funding will be available to support the roll out of these clinics in some sites from 2020/21 to 2022/23, followed by fair shares funding for all systems in 2023/24.

- 5.4 Local Maternity Systems will also continue to receive financial support for the release of senior clinicians for local leadership and LMS implementation capacity up to 2023/24.

Services for children and young people

- 5.5 In April 2019 we established the national Children and Young People's Transformation Programme to support the delivery of service improvements set out in the Long Term Plan. Local plans to improve outcomes for children and young people should:

- Establish local leadership – including named clinical and management leaders, co-production with children, young people, families and carers and bringing together local leaders from across the NHS, local government, education and other partners to design and deliver transformation for the system;
- Show how they will improve performance of childhood screening and immunisation programmes and meet the base level standard in the [NHS public health functions agreements](#);
- Develop plans that will deliver Long Term Plan commitments, with a specific focus on:
 - Developing age-appropriate integrated care, integrating physical and mental health services, enabling joint working between primary, community and acute services, and supporting transition to adult services;
 - Improving care for children with long-term conditions, such as asthma, epilepsy, diabetes, and complex needs;
 - Treating and managing childhood obesity;
 - Supporting the expansion of Children and Young People’s mental health services;
 - Improving outcomes for children and young people with cancer.

5.6 Additional funding will be available to systems as follows:

- From 2021/22 to 2022/23, there will be targeted investment to support the integration and improvement of Children and Young People’s services, with additional indicative funding distributed to all systems in 2023/24 to support these integrated services;
- Targeted funding will be available from 2021/22 to increase the capacity to treat obese children and the severe health complications related to their obesity (ie increasing access to Tier 3 services).

5.7 The Children and Young People’s Transformation Programme support to systems can be found [here](#).

Learning disabilities and autism

5.8 System plans should set out how they will deliver the Long Term Plan commitments to improve services and outcomes for people with learning disabilities, autism or both, reducing the reliance on inpatient provision and increasing community capacity. To do this effectively, systems must ensure that they understand their local unmet need, gaps in care, including local health inequalities. It is expected that all STPs and ICSs will have a named senior responsible officer to oversee local implementation of Long Term Plan ambitions for individuals with learning disabilities, autism or both, and their families.

5.9 Systems should involve people with lived experience and their families in checking the quality of care, support and treatment, and set out how they will ensure all local services make reasonable adjustments for people with learning disabilities, autism or both when they need it.

5.10 System plans should clearly set out:

- their share of the required further reduction inpatient usage and beds;
- learning disability and autism physical health checks for at least 75% of people aged over 14 years;

- how proposals for people with learning disabilities and/or autism align with their plans for mental health, special educational needs and disability (SEND), children and young people's services and health and justice;
- the local offer for autistic young people, people with a learning disability and their families;
- how NHS-led provider collaboratives will be developed locally and should ensure that digital plans use the reasonable adjustment 'digital flag' in the patient record or, where this is not available, use the Summary Care Record as an alternative.

5.11 System investment should identify what community provision is in place for intensive, crisis and forensic community support. This includes seven-day specialist multidisciplinary services and crisis care and community teams for children and young people that can be built upon or strengthened with clear alignment with mental health and social care.

5.12 Funding to deliver the improvements set out in the Long Term Plan will be provided through CCG allocations and additional service development funding, distributed to all systems, which includes agreed transfers to cover specialised services, community service investment and for Transforming Care Partnerships.

5.13 Targeted funding will be available to:

- Support pilot work for community services for both adults and children and young people from 2020/21. Indicative additional funding allocations have been made to support the roll out of these services in 2023/24;
- Develop keyworkers for children and young people with the most complex needs and their carers/families from 2020/21. Initial funding will focus on supporting children and young people who are in mental health inpatient units. Indicative additional funding allocations have then been made to support roll out of these services in 2023/24;
- Further 'catch up' in the number of Learning Disabilities Mortality Reviews (LeDeR) in 2019/20. Systems plans should ensure that LeDeR reviews are undertaken within six months of the notification of death, and that completed LeDeR reviews are analysed and address the themes and recommendations published through local LeDeR reports and [the national Action from Learning report](#), to reduce health inequalities taking account of forthcoming guidance;
- Roll out, as part of new PCN arrangements the Stopping Over Medication of People with a learning disability or autism and Supporting Treatment and Appropriate Medication in Paediatrics (STOMP-STAMP) programmes – available from 2020/21;
- Test the model for taking eye, hearing and dental services to children and young people in residential schools from 2021/22;
- Provide capital investment for 2019/20 and 2020/21 to support the development of new housing options and suitable accommodation in the community.

5.14 The national Learning Disability and Autism team will provide support to systems in developing and delivering their plans, details of that support can be found [here](#). When drawing up plans, systems can draw on the [Ask Listen Do Framework](#) to learn from, and improve the experiences of people with a learning disability, autism or both.

Better care for major health conditions

Cardiovascular disease

5.15 System plans should set out how they will, over the next five years, improve the prevention early detection and treatment of cardiovascular disease (CVD). Funding to deliver improved treatment for CVD is included in indicative additional allocations, with additional 'fair share' funding for systems from 2020/21 to increase the number of people with CVD who are treated for the cardiac high-risk conditions; Atrial Fibrillation, high blood pressure and high cholesterol. Additional targeted funding will be made available for:

- Increasing the numbers of people at risk of heart attack and stroke who are treated for the cardiovascular high risk conditions; Atrial Fibrillation, high blood pressure and high cholesterol. This will be supported by the roll-out in 2020 of the CVDPREVENT audit. From 2020/21 funding will be included in fair shares allocations to systems.
- Testing the use of technology to increase referral and uptake of cardiac rehabilitation from 2021/22. In 2023/24, funding for wider roll out will be included in fair shares allocations to systems;
- Pilot schemes in 2020/21 and 2021/22 to increase access to echocardiography and improve the investigation of those with breathlessness and the early detection of heart failure and valve disease. From 2022/23 funding for wider roll out will be included in fair shares allocations to systems.

5.16 The national CVD and respiratory programme will provide additional support to help systems deliver improved outcomes for CVD as set out [here](#).

Stroke care

5.17 Systems are asked to ensure they have robust plans, and effective local clinical and system leadership to develop and improve stroke services, centred around delivering Integrated Stroke Delivery Networks (ISDNs), improving and configuring stroke services, to ensure that all patients who need it, receive mechanical thrombectomy and thrombolysis. Early Supported Discharge (ESD) should be routinely commissioned and available to all patients for whom it is appropriate, with systems developing plans to integrate ESD and community services.

5.18 Additional funding to support implementation of stroke commitments will be available as follows:

- Targeted funding to support roll out of ISDNs will be available from 2021/22;
- Targeted funding for developing and testing improved post-hospital rehabilitation models available 2020/21 and 2021/22. Fair shares funding will be available for wider roll out from 2022/23;

5.19 Plans should identify proposed capital investment to reconfigure stroke services via the STP capital bids process. To support this, all ISDNs should be established across between one and four ICSs or STPs, and have an accountable ISDN governance structure in place by April 2020. This should include all relevant providers from pre-hospital care through to post-acute rehabilitation. Regions will assure cross-boundary coordination of ISDN footprints and provide improvement support.

5.20 National support to help systems deliver these improvements can be found [here](#).

Diabetes

5.21 Systems are asked to set out their approach for delivering improved services in line with the Long Term Plan commitments for people with Type 1 and 2 diabetes, including:

- Support for more people living with diabetes to achieve the three recommended treatment targets;
- Targeting variation in the achievement of diabetes management, treatment and care processes;
- Addressing health inequalities through the commissioning and provision of services;
- Expanded provision of access to digital and face-to-face structured education and self-management support tools for people with Type 1 and Type 2 diabetes;
- Providing access for those living with Type 2 diabetes to the national HeLP Diabetes online self-management platform, which will commence phased roll out in 2019/20;
- Ensuring universal coverage of multidisciplinary footcare teams (MDFTs) and diabetes inpatient specialist nurses (DISN) teams, for those who require support in secondary care.

5.22 To support systems to deliver these improvements additional funding is available as follows:

- Central reimbursement arrangements are in place for 2019/20 and 2020/21 to enable up to 20% of people living with Type 1 diabetes who are eligible under the clinical criteria for that funding, to access flash glucose monitoring devices;
- There will be targeted funding for MDFTs and DISNs transformation projects. In the first instance, continued funding will be provided in 2019/20 for currently established MDFTs and DISN transformation projects, supporting them to become sustainable from 2020/21 onwards. Thereafter, targeted funding will be available for systems that have not had access to MDFTs and DISNs by this point, to help improve equality of access and ensure universal coverage;
- Targeted funding from 2019/20 to 2023/24 to support delivery of the three recommended treatment targets and to continue funding for existing structured education projects. This funding is tapered to reduce across the period as improvements are embedded;
- Targeted funding to test low calorie diets for obese people with Type 2 diabetes, working with demonstrator sites covering up to 5,000 people from 2019/20;
- Ensuring that pregnant women with Type 1 diabetes are offered continuous glucose monitoring from April 2020, where clinically appropriate. Funding arrangements will be confirmed later in 2019/20.

5.23 Details of the support available to systems can be found [here](#).

Respiratory disease

5.24 System plans should set out how they will support local identification of respiratory disease and increase associated referrals to pulmonary rehabilitation services for those who will benefit, particularly for the most socio-economically disadvantaged people who are disproportionately represented in this patient cohort.

5.25 Funding to deliver improvements in respiratory care in line with Long Term Plan commitments is available as follows:

- Targeted funding for a number of sites in 2020/21 and 2021/22 to expand pulmonary rehabilitation services and test new models of care for breathlessness management in patients with either cardiac or respiratory disease. From 2022/23 fair shares funding will be available to all systems to support wider roll out;
- Targeted funding available to increase spirometry training via new Primary Care Training Hubs from 2020/21.

5.26 National support for improving outcomes for people with respiratory disease can be found [here](#).

Research and innovation to drive future outcomes improvement

5.27 The Long Term Plan recognised the importance of research and innovation as drivers of improved outcomes and efficiency in the NHS. Over the coming five years, we will work with systems to increase participation in research and accelerate the development and uptake of innovation that addresses the needs of the NHS, based on input from patients and staff. We will further support this by working with innovators to test promising innovations that meet systems' local needs. System plans should set out how they will:

- Contribute to the national ambitions to increase public and patient participation in research;
- Work with innovators to test innovations that meet the NHS's needs in real-world settings;
- Ensure local adoption and spread of proven innovations, working with Academic Health Science Networks (AHSNs) where appropriate.

5.28 Locally, AHSNs and National Institute for Health Research (NIHR) Applied Research Collaboratives will work with systems to ensure that their research and innovation needs are communicated effectively to academic partners and innovators.

5.29 National support for innovation will be enhanced and better coordinated. Key partners across government, the NHS, Arms' Length Bodies, industry, charities and patient groups have been brought together to form the Accelerated Access Collaborative (AAC), tasked with streamlining the process of bringing innovations into the NHS. The role of the AAC was substantially expanded in May 2019, with the AAC now responsible for delivering a number of key priorities across the NHS and government, further details can be found [here](#).

5.30 Following the production of system plans, we will select a small number of exemplar systems at the end of 2019/20 with which to undertake more detailed co-design of how the research and innovation commitments in the LTP can be delivered locally. The outputs of this work will be published during 2020/21 to support more detailed implementation plans in all systems.

5.31 National support to increase participation in research can be found [here](#).

Genomics

- 5.32 Delivery of the Long Term Plan ambitions for genomics will be supported by the new national genomic medicine service, which will consolidate existing infrastructure into seven Genomic Laboratory Hubs working with clinical genetics and NHS Genomic medicine centres in alignment with the Cancer Alliances and pathology networks. This will provide patients with consistent and equitable access to testing in line with the new national genomic test directory.
- 5.33 For local systems, implementation of these commitments will mean working with the relevant Genomic Laboratory Hub and the NHS Genomic Medicine Centres to ensure clinical pathways are in place, operating to national standards and protocols. This should ensure that all eligible patients receive access to appropriate genomic testing and that requests for genomic testing are consistent with the national genomic test directory and delivered by the designated providers.

Volunteering

- 5.34 Volunteering is already being supported in acute NHS Trusts through the nationally-funded Helpforce programme. A national volunteering programme is being established to provide further support to systems in developing volunteering across the NHS, building on the excellent work already taking place in voluntary and community organisations. Systems should seek to increase the appropriate use of volunteering across local health and care services.
- 5.35 Funding to facilitate the expansion of volunteering is available as follows:
- Additional funding allocated to STPs and ICSs, on a fair shares basis in 2019/20, to support the identification, integration and growth of volunteering, especially in areas of deprivation;
 - Further targeted funding to develop volunteering in selected sites in 2020/21 and 2021/22.
- 5.36 Details of the support available to systems can be found [here](#).

Wider social impact

- 5.37 The Long Term Plan set out how the NHS is supporting wider social impact across England including support focused on health and the justice system, veterans and the armed forces, health and the environment, health and employment and anchor institutions. Much of this work will be driven by national programme teams but will require engagement and partnership working with systems to deliver improved outcomes and services for local communities. Further details on the support available to deliver these commitments can be found in Annex D.

6. Giving NHS staff the backing they need

- 6.1 As set out in the interim NHS People Plan, we need more staff working in the NHS and NHS-commissioned services over the next five years, both to address existing shortages and to deliver the improvements set out in the Long Term Plan. But more of the same will not be enough on its own. We need a broader range of people in different professions, working in different ways, supported by more effective use of existing technologies and faster application of scientific and technological innovation. We need a widescale set of cultural changes to build the diverse workforce that is required for a world-class 21st century healthcare system. We must take action to capitalise on the role of the NHS as a 'system anchor'. This includes improving access for marginalised groups to the good quality jobs offered by the NHS, promoting positive cultures, building a pipeline of compassionate and engaging leaders, and making the NHS an agile, inclusive and modern employer, if we are to attract and retain the people we need to deliver our plans.
- 6.2 Workforce planning needs to be central to our overall planning processes and should cover workforce growth and workforce transformation for all areas of NHS-funded care including primary care, community, mental health and acute services.
- 6.3 In line with the themes of the interim NHS People Plan, system plans will need to set out specific action to:
- **Make the NHS the best place to work:** Delivering the themes set out in the interim NHS People Plan, including setting targets for BME representation across its leadership team and broader workforce by 2021/22, improving mental and physical health and wellbeing and enabling flexible working. This includes responding to the requirements of the new [Workforce Disability Equality Standard](#), introduced in April 2019;
 - **Improve leadership culture:** Establishing the cultural values and behaviours we expect from our senior leaders, implementing system-wide processes for managing and supporting talent, and developing strategies to support all staff to work in compassionate and inclusive leadership cultures;
 - **Deliver a holistic approach to workforce transformation and workforce growth** ('more people, working differently'), including:
 - Setting out (after taking account of these efficiency plans) the **workforce growth** planned for different groups;
 - Show the action that will be taken locally to improve retention, international recruitment and maximise use of the Apprenticeship Levy;
 - Ensuring that overall efficiency and productivity plans (Chapter 8) include practical, system-wide action to improve **workforce efficiency** and **release greater time for care**, including changes in skill mix, new ways of working, better use of scientific and technological innovation, and reductions in sickness absence.
 - **Change the workforce operating model:** Describing – as part of broader ICS development – plans to develop the capacity (including prioritising urgent action on nursing shortages), capability, governance and ways of working. This will enable ICSs to take on growing responsibility for workforce and people activities, informed by the capacity building diagnostic and tool that we have developed with local systems.
- 6.4 In partnership with Health Education England, we will work with systems to share existing data, analysis and insights that may support them in designing workforce

models to deliver Long Term Plan service priorities. STPs/ICSs will need to work with trusts, primary care networks and other partners to develop optimal workforce models for their local health system, informed by national work but taking account of local context.

7. Delivering digitally-enabled care across the NHS

- 7.1 Systems need to develop a comprehensive digital strategy and investment plan consistent with the Tech Vision that describes how digital technology will underpin their local system's wider transformation plans over the next five years. This includes, amongst other priorities, their approach to ensuring all secondary care providers are fully digitised by 2024 and that these are integrated with other parts of the health and care system, for example through a local shared health and care record platform. These strategies should describe:
- How and when each organisation will achieve a defined minimum level of digital maturity;
 - How they will adopt Global Digital Exemplar (GDE) Blueprints and an approach based on IT system convergence to reduce unnecessary duplication and costs;
 - How they will adhere to controls and use approved commercial vehicles such as the Health System Support Framework to ensure technology vendors and platforms comply with national standards for the capture, storage and sharing of data.
- 7.2 Systems are expected to set out plans for how they will significantly improve the provision of services and information through digital routes aligned to national standards and requirements. The newly created NHSX will ensure that the NHS has clear guidance and support to accelerate progress in this area. Systems can draw on a range of national platforms, such as the NHS App and NHS Login and nationally led support and programmes to develop and deliver their plans, such as the Provider Digitisation programme. Local systems should drive forward digitisation focussed on the user need and engage staff and patients in its development.
- 7.3 The priority for NHSX will be defining and mandating technology standards for all systems and platforms used in the NHS and ensuring all publicly funded source code is open by default. Details of the mechanisms that will be used to support and drive the implementation of these universally across the NHS will be published later this year. Following this, systems will need to ensure any locally developed or procured services meet these standards, ensuring full interoperability with the national infrastructure and other local services.
- 7.4 The security of data within the NHS is critical. By summer 2021, we expect 100% compliance with mandated cyber security standards across all NHS organisations. Work to deliver on this commitment will be overseen by NHSX and includes:
- Support for the implementation of Microsoft Advanced Threat Protection and the migration to Windows 10 by June 2021, with 85% of NHS estate migrated by Q1 2020;
 - Access to the Cyber Security Support Model programme to support organisations progress towards achieving Cyber Essential Plus, including specialist support for improving cyber resilience;
 - Access to the Cyber Risk and Operations support package, which provides on-the-ground specialist support and services to support organisations to improve their cyber resilience;
 - Enhancements to the national Cyber Security Operations Centre (CSOC) to uplift its capability to detect and remediate cyber threats across the NHS.
- 7.5 Digital transformation will require all NHS staff to make adjustments in how they work – from the receptionist who supports outpatient clinics to those on their Board. The interim NHS People Plan addresses the need for an increase in the technical skills of the NHS workforce for both specialist and non-specialist staff. The NHS Digital

Academy will support an increase in capability among senior technology and digital leadership enabling further cohorts of NHS staff to become digital change leaders. By 2021/22, all NHS organisations will have a CCIO or CIO on the Board.

- 7.6 On top of significantly higher local investment in technology, central funding (revenue and capital) will support the delivery of these strategies. Access to this will be managed and coordinated by our regional teams who will support ICS/STPs in establishing an affordable and realistic pipeline of digital investment in each region within the funding envelope available.
- 7.7 Regional CCIOs and their Regional Directors of Digital Transformation will work with the national provider digitisation team to ensure investment is directed towards strategic programmes that deliver the expected level of digitisation among providers, in a way that minimises unnecessary variation in systems and meets the principles defined in the Tech Vision relating to open standards and user needs. They will also ensure that these programmes make a direct contribution to the delivery of wider system transformation objectives and specific priorities such as improved cancer care and mental health services
- 7.8 We will support NHS organisations to digitise to core standards supported by a robust IT infrastructure by 2024 through:
- Local capability: NHSX will drive a standards-based approach to provider digitisation to deliver a core level of digitisation across the system and local sharing of records to support integrated care by 2024
 - Core services: Nationally-provided services such as the electronic prescriptions and electronic referrals will continue;
 - Access to mobile digital services: By 2021/22 all staff working in the community will have access to mobile digital services to help them perform their role, with ambulance services having access to digital services that reduce avoidable conveyance;
 - Integrated child protection system: By 2022 a new system will replace dozens of legacy systems;
 - Fax machines: NHSX will monitor progress against the Secretary of state's commitment to cease the use of fax machines for communication between NHS organisations and with patients.
- 7.9 Several nationally-delivered services are available to develop core digital services:
- The transformed [NHS.uk](https://www.nhs.uk) website continues to provide high quality information about conditions and treatments, keeping well and NHS services and acts as a platform for other tools, providing Application Programming Interfaces (APIs) that enable partners to provide consistent and coherent information to users of NHS services. The [NHS Login](https://www.nhs.uk/login) provides a single way for patients to identify themselves to a range of services;
 - The [NHS App](https://www.nhs.uk/app), acts as a platform, providing APIs so that third parties can provide their own digital tools and services, and ensures that tools and services can be integrated into it. It also provides a digital front door to primary care, symptom checking, the ability to register as an organ donor and to 111. Two-thirds of GP practices are already connected to the NHS App with 96% expected to be connected by July 2019. The NHS App Roadmap is available [here](#);
 - To support the faster uptake of proven digital tools and services, NHSX will be updating the Digital Assessment Questions and the associated assurance process to help local systems to identify digital tools for use within the NHS.

Version 2 will be published in 2019. Further work to improve NHS procurement of technology will be delivered by NHSX.

7.10 National work is supporting the development of locally-delivered digital personal healthcare records so that patients, or their authorised carer, can access and provide contributions to their care record. This includes:

- **Patient access:** By 2020, every patient with a long-term condition will have access to their care plan via the NHS App, enabled by the Summary Care Record (SCR). By 2023 the SCR functionality will be moved to the local shared health and care record systems and be able to send reminders and alerts directly to the patient;
- **Personal Health Records (PHRs):** These will be delivered through local health and care records that will also hold **care plans**, which incorporate information added by the patient themselves, or their authorised carer, and additional information (such as from monitoring devices) which the patient chooses to provide. The [PHR adoption service](#) provides advice and guidance for systems developing PHRs and other public-facing health tools;
- **Digital maternity records:** 55,000 women across 11 areas are already accessing their records digitally. This will be increased to 100,000 across 22 areas by the end of 2019/20. We will continue to build on this work to meet the ambition that all women have their own digital maternity record by 2023/24;
- **Digital Redbook for children's immunisation records and growth:** By 2021 all parents will have a choice of a paper or digital Redbook for their new babies. To support this, a core specification will be developed nationally, which suppliers will be expected to work within.

8. Using taxpayers' investment to maximum effect

Financial and planning assumptions for systems

- 8.1 Central to the system planning process is the question of how resources allocated to local health systems to meet population need will be deployed over a five-year period to deliver the commitments set out in the Long Term Plan, including delivery of the five financial tests.
- 8.2 [Five-year CCG allocations](#) covering the period to 2023/24 were published in January, along with the updated [2019/20 planning guidance](#). This is the starting point for system planning and will be complemented with:
- **An additional funding allocation distributed to all** systems on an indicative, fair shares basis (national totals are set out in Annex A and system allocations set out alongside this document);
 - **An indication of targeted funding** which will be deployed subsequently against specific Long Term Plan commitments through regions and national programmes (see Annex A);
 - **Indicative provider-level figures for specialised commissioning funding**, over a five-year period, which will be shared with local systems for planning purposes by regional teams in July;
 - **A set of indicative planning assumptions for pay, non-pay and drugs costs and the indicative tariff uplift;**
 - **Over the coming months we will work with the NHS and set out further detail on the Financial Framework for 2020/21 and beyond.** Until this point systems should plan on the basis of the existing framework.
- 8.3 System plans will need to set out how this resource will be deployed to deliver the commitments within their plans and the government's financial tests set out in the Long Term Plan:
- To meet financial **Test 1** in the Long Term Plan plans must demonstrate how organisations will return to, or maintain, financial balance including the impact on the financial performance of each provider and commissioner organisation. As part of this systems will need to work with providers so that, as a minimum, all providers deliver cash-releasing productivity growth of at least 1.1% a year in line with financial **Test 2**; and providers in deficit deliver an additional cash-releasing productivity benefit of at least 0.5% a year;
 - Regional teams will work with each system to agree what a realistic and stretching bottom line position is (and corresponding allocations from the Financial Recovery Fund) in each year. Financial recovery plans, consistent with the local system plan, will be required for each provider organisation and CCG not in financial balance;
 - Plans to incorporate system actions to maximise efficiencies and support appropriate reductions in the growth in demand for care, as required by financial **Test 3**. National programmes and resource available to support this are set out below.
- 8.4 Spending plans will need to be consistent with the commitments in the Long Term Plan to increase investment in mental health, and in primary medical and community health services, as a share of total local NHS revenue spend across the five years from 2019/20 to 2023/24. Further detail on what these commitments mean for local systems (including relevant baselines) will provided through regional teams.

- 8.5 For planning purposes, employers should assume that there is no impact on employer pension contributions as a result of the recent revaluation of the NHS pension scheme, that Marginal Rate Emergency Tariff (MRET) funding is available on a flat cash basis with the same distribution as in 2019/20, and that price relativities in the national tariff remain unchanged.

Improving productivity

- 8.6 The second financial test in the Long Term Plan requires the NHS to achieve cash releasing productivity growth of at least 1.1% a year, with all savings reinvested in frontline care. Systems are responsible for agreeing and delivering actions to deliver financial recovery and improve productivity. As part of this, national support is available to help systems plan and deliver improvements in productivity in each of the ten priority areas from the Long Term Plan where there are proven efficiency opportunities. The asks of the NHS includes:
- i. **Improving clinical productivity and releasing more time for patient care** forms an integral part of the interim NHS People Plan and the NHS Long Term Plan. To support all systems to be using electronic tools (including e-rostering and e-job planning) by 2021 and evidence-based approaches to staffing by 2023, support available from the national team can be found [here](#).
 - ii. **Maximising the buying power of the NHS**, including through the use of the Purchase Price Index and Benchmarking Tool (PPIB), GIRFT clinically led procurement work and Support Supply Chain Coordination Limited (SCLL). Support to deliver this can be found [here](#).
 - iii. Supporting the development of **pathology networks** across England by 2021 and of **diagnostic imaging networks** across England by 2023. Support to deliver this can be found [here](#).
 - iv. Supporting pharmacy staff to take on increased patient facing clinical roles and, through the Medicines Value Programme, help the NHS **deliver better value from the £16 billion annual spend on medicines** The Pharmacy and Medicines Optimisation Team will continue to work with systems to support this and further details can be found [here](#).
 - v. System plans set out how they will collectively deliver **an additional £700m savings in administration costs by 2023/24** (£290 million, commissioners; over £400 million, providers). Systems should plan on the basis that total running costs across CCGs and system-level bodies are reduced or held flat in cash terms from 2020/21 onwards. National support for this can be found [here](#).
 - vi. Financial **Test 5** in the Long Term Plan requires the NHS to make better use of capital investment and its existing assets to drive transformation. Capital budgets will only be confirmed at the upcoming Spending Review. Planning assumptions for the current provider self-financed capital spend and nationally-funded capital schemes will be provided by regions in July 2019. We will provide an initial baseline for each area in July and ask systems to identify their priorities within that and prioritise investments above that should the funding be available. National support for estates and facilities can be found [here](#).
 - vii. The national [Evidence-Based Interventions Programme](#) (EBI) published statutory commissioning guidance for 17 interventions in November 2018 to reduce harm and free up resource. As they implement the guidance to free up

capacity through the reduction of 128,000 interventions, systems can draw on national support that can be found [here](#).

- viii. **The national Patient Safety Strategy will be published in summer 2019**, setting out how we will continue to improve patient safety, preventing harm and the substantial costs associated with it. Systems will be expected to set out how they will contribute to the improvements described within the upcoming national strategy, to the agreed timetable within their local plan. Support from the national team can be found [here](#).

Reducing variation across the health system

- 8.7 Financial **Test 4** in the Long Term Plan requires the NHS to reduce variation across the health system, improving providers' operational and financial performance. A number of different national programmes are focused on supporting the NHS reduce variation in quality, access and outcomes. Systems should draw on these resources as they develop local plans that will tackle variation in service provision and address health inequalities within their local population. Further details be found [here](#).

9. Next steps

- 9.1 Publication of this Implementation Framework begins the process of strategic system planning. System plans for delivery through to 2023/24 are required, with an initial submission in September 2019 and a final submission to follow by mid November 2019. Plans should fully align across the organisations within each system so that they can subsequently be translated into organisational plans for 2020/21, which will be required in early 2020. The collection process, support offer, and timescales are set out here.

Milestone	Date
Interim People Plan published	3 June 2019
Publication of the Long Term Plan Implementation Framework	June 2019
Main technical and supporting guidance issued	July 2019
Initial system planning submission	End of September 2019
System plans agreed with system leads and regional teams	Mid November 2019
Further operational and technical guidance issued	December 2019
Publication of the national implementation programme for the Long Term Plan	December 2019
First submission of draft operational plans	Early February 2020
Final submission of operational plans	By end March 2020

- 9.2 Systems are asked to provide two elements at both the September and November milestones:
- Strategy delivery plan:** A document that sets out what the system plans to deliver over the next five years. Whilst there is no template for this document, systems are encouraged to ensure that their plan covers all the elements set out in Chapter 1 of this Implementation Framework, including: a description of local need; what service changes will be taken forward and how; how the local system infrastructure will be developed – including workforce, digital and estates; how efficiency will be driven through all local activity, how local engagement has been undertaken to develop the plan and how financial balance will be delivered;
 - Supporting technical material:** Successful delivery will require systems plans to be underpinned by realistic plans for workforce and activity, which must be delivered within the local financial allocation. Templates and tools will be provided to support systems in this. Draft templates to support with modelling of finance, activity and key commitment metrics are provided in alongside this document. A full version of the finance and activity template will be provided in early July 2019.
- 9.3 In 2019/20, systems should continue with ongoing service improvement work to maintain and improve performance for cancer treatment and A&E until any new

standards, proposed by the Clinical Review and accepted by Government, are implemented. Systems should also work to reduce elective waiting lists and eliminate 52+ week waits, setting the foundations for future improvements.

- 9.4 A list of published resources and supporting materials for planning can be found [here](#). In addition, over the summer, there will be a programme of national and regional opportunities for systems to understand the support and resources that will be available to them over the planning period, and over the next five years.
- 9.5 In line with the new operating model, systems should work with their regional teams to set out what additional support they need to develop their local plans and should seek to develop these in house. Where additional help is needed, regions will coordinate input from national teams and CSUs. Regions will also encourage and enable facilitated peer review, and provide feedback to systems following their submissions:
- **By 27 September 2019:** Systems are asked to share a draft of their plans, including detail on clinical priorities and trajectories. Regions, working with central teams, will use this information to build a national picture against our overall outcome goals, feeding back where adjustments are needed.
 - **By 15 November 2019:** System plans should be agreed with system leads and regional teams, in consultation with National Programme Directors. Packages of future support from central teams to support delivery will also be agreed.
- 9.6 As outlined in Chapter 1 system plans need to be clinically-led and developed with full local engagement of stakeholders. When system leaders are finalising their plans for submission, they will be expected to demonstrate how this has been achieved and how they have secured support from key stakeholders.
- 9.7 System plans will be aggregated, along with wider national action, to develop a detailed national implementation programme for the Long Term Plan in December 2019. This will also take account of the Spending Review, planned for later this year.

Annex A: Funding the Long Term Plan

A1 Annex A sets out the funding which has been allocated to support the commitments in the Long Term Plan and previous requirements from the Five Year Forward View, in addition to the published five-year CCG allocations. For system planning purposes this funding is best understood in two parts.

Indicative funding allocations available to systems

A2 Additional indicative funding will be made available to all systems for commitments in the Long Term Plan which apply across the country, with funding distributed on a fair shares basis. An indicative allocation for each system will be communicated alongside this document.

A3 The Long Term Plan commitments to be delivered within these funding allocations are set out for information in the Table 1. Systems will need to make local decisions on how to deploy funding to meet the Long Term Plan commitments which may involve a different distribution or phasing of expenditure.¹

A4 This indicative funding is intended to support the elements of the Long Term Plan outlined in Table 2.

England	2019/20	2020/21	2021/22	2022/23	2023/24
	£m	£m	£m	£m	£m
Total	538	560	814	1,219	1,779
<i>Of which:</i>					
<i>1. Mental Health</i>	60	65	220	441	592
<i>2. Primary Medical and Community Services</i>					
<i>(a) Primary Care</i>	321	335	359	369	364
<i>(b) Ageing Well</i>	0	30	70	204	343
<i>3. Cancer</i>	118	89	71	68	68
<i>4. Other</i>	39	41	94	137	412

Mental Health	The expansion of community mental health services for Children and Young People aged 0-25; funding for new models of integrated primary and community care for people with SMI from 2021/22 onwards; and specific elements of developments of the mental health crisis pathways. See 2.27.
Primary Care	This funding includes the continuation of funding already available non-recurrently to support Extended Access and GP Forward View funding streams, (eg practice resilience programme), and associated commitments must be met. Additional funding is also included to support the development of Primary Care Networks.
Ageing Well	Deployment of home-based and bed-based elements of the Urgent Community Response model, Community Teams, and Enhanced Health in Care Homes.

¹ Note that additional funding allocated for mental health is required to be spent on mental health services, in line with the commitments made in the Long Term Plan.

Cancer	Rapid Diagnostic Centres funding in 2019/20 only; Cancer Alliance funding to support screening uptake delivery of the Faster Diagnosis Standard and timed pathways, implementation of personalised care interventions, including personalised follow up pathways and Cancer Alliance core teams.
CVD, Stroke and Respiratory	Increased prescribing of statins, warfarin and antihypertensive drugs; Increased rates of cardiac, stroke and pulmonary rehabilitation services; increased thrombolysis rates; and early detection of heart failure and valve disease.
CYP & Maternity	Local Maternity Systems funding; Saving Babies Lives Care Bundle funding from 2021/22; postnatal physio funding from 2023/24; funding for integrated CYP services from 2023/24.
LD Autism	Funding for rollout of community services for adults and children and keyworkers from 2023/24.
Prevention	Tobacco addiction - inpatient, outpatient/day case and Smoke Free pregnancy smoking cessation interventions.

- A5** This funding should be reflected in plans in addition to published five-year CCG funding allocations and any other locally assumed income.
- A6** Our regional teams, who will be advised by National Service Transformation Directors, will jointly approve the release of funding based on assurance of plans to ensure that they deliver the commitments made in the Long Term Plan. ICS areas will have a higher degree of autonomy over deployment of this funding.

Targeted funding available to systems

- A7** In addition to the indicative funding available to all systems (outlined in Tables 1 and Table 2), budgets have been allocated to fund targeted schemes and for specific investments, where a general distribution is not appropriate. These are outlined in Table 3. The process for accessing this funding and detailed distributions will be provided to systems at a future date, with some elements expected to be notified during the planning process.
- A8** This targeted funding is intended to support the elements of the Long Term Plan outlined in Table 4.

England	2019/20	2020/21	2021/22	2022/23	2023/24
	£m	£m	£m	£m	£m
Total	418	939	1,101	1,249	1,481
<i>Of which:</i>					
<i>1. Mental Health</i>	182	251	190	234	292
<i>2. Primary Medical and Community Services</i>					
<i>(a) Primary Care</i>	100	208	303	381	475
<i>(b) Ageing Well</i>	6	40	40	24	24
<i>3. Cancer</i>	46	121	198	186	398
<i>4. Technology</i>	26	238	199	192	179
<i>5. Other</i>	58	82	172	231	114

Table 4. Commitments to be delivered through targeted funding allocations	
Mental Health	Includes: <ul style="list-style-type: none"> - funding for continuation of previous waves such as mental health liaison or Individual placement support funding; pilots as part of the clinical review of standards, and other pilots such as rough sleeping. - funding to be distributed in phases in consultation with regional teams including: funding for testing new models of integrated primary and community care for adults and older adults with severe mental illness, community based integrated care, rolling out mental health teams in schools and salary support for IAPT trainees. See 2.28.
Primary Care	Digital First Primary Care support funding; the Investment and Impact Fund; and Estates and Technology Transformation Programme.
Ageing Well	Targeted funding to accelerator STPs to rollout the Ageing Well models.
Cancer	Development and roll out of innovative models of early identification of cancer (starting with lung health checks); funding for the development of Rapid Diagnostic Centres from 2020/21 onwards; support for further innovations to support early diagnosis.
Technology	Revenue funding for Provider Digitisation and Local Health and Care Records.
Cardiovascular Disease, Stroke and Respiratory	Pilots for improving access to cardiac, stroke and pulmonary rehabilitation services and early detection of heart failure and valve disease.
Maternity and Neonates	Continuity of carer for BME and disadvantaged women from 2021/22; funding to support the UNICEF Baby Friendly Initiative; funding to support the expansion and improvement of neonatal critical care services from 2021/22; funding from 2020/21 for Family Integrated Care; funding to support the rollout of postnatal physiotherapy and multidisciplinary pelvic health clinics from 2021/22 to 2022/23.
Diabetes	Funding to pilot the use of low calorie diets from 2019/20 until 2022/23; funding to support delivery of recommended treatment targets; funding for multi-disciplinary footcare teams and diabetes inpatient specialist nurses (see 4.31).
Learning Disabilities and Autism	Funding to pilot and develop community services for adults and children and keyworkers from 2020/21 to 2022/23; piloting of models to expand Stopping Treatment and Appropriate Medication in Paediatrics (STOMP-STAMP) programmes from 2020/21 to 2023/24; testing the model for ophthalmology, hearing and dental services to children and young people in residential schools from 2021/22; funding to reduce the backlog of the Learning Disabilities Mortality Review Programme (LeDeR).
Personalised Care	Targeted transformation funding to deliver the NHS Comprehensive Model for Personalised Care from 2019/20–2021/22.
Prevention	Alcohol Care Teams from 2020/21 to 2023/24; Tobacco addiction services early implementer sites from 2020/21; targeted support for weight management service improvements from 2020/21.

Annex B: Financial assumptions for strategic plans

- B1** This annex provides a set of national assumptions which systems may wish to consider when developing their strategic plans.
- B2** They are not intended to be definitive and plans will need to be resilient to alternative outcomes. Systems should consider using locally generated assumptions where these are more reflective of the actual impacts at a local level.

Funding allocations

- B3** CCG programme allocations for the period 2019/20 to 2023/24 are available on the NHS England/Improvement allocations website (www.england.nhs.uk/allocations). These allocations are indicative for the period 2022/23 to 2023/24.
- B4** Primary care allocations for the period 2019/20 to 2023/24 (as revised post the agreement of the new GP contract) are available on the NHS England/ Improvement allocations website. These allocations are indicative for the period 2022/23 to 2023/24.
- B5** CCG running cost allowances have been published for 2019/20 and 2020/21 on the NHS England/Improvement allocations website. For strategic planning purposes, CCGs should assume allocations are maintained at a flat cash level in future years. Before 2021/22 these allocations will need to reviewed and may be changed to reflect changes in population.
- B6** Specialised commissioning indicative allocations will be issued to regions for the period 2020/21 to 2023/24 in June. Specialised commissioners have been asked to produce indicative funding at provider level in July to inform system plans.
- B7** Additional Long Term Plan indicative allocations are being issued alongside this document. These allocations are additional to core CCG and primary care allocations, but may include recurrent funding for commitments which were supported on a non-recurrent basis in 2019/20.

Prices and income

Tariff

- B8** The table below sets out core assumptions on prices, income and other relevant factors. Further detail is provided in the notes below.

Element	2020/21	2021/22	2022/23	2023/24	Notes
Tariff					
AFC pay deal	2.9%	0.7%			Price only
Pay and mix effects - AFC	n/a	2.1%	2.1%	2.1%	Price only
Pay and mix - other HCHS workforces	2.1%	2.1%	2.1%	2.1%	Price only
Tariff drugs	0.6%	0.6%	0.6%	0.6%	Price only
Revenue consequences of capital	1.8%	1.9%	2.0%	2.0%	Price only
Other operating costs	1.8%	1.9%	2.0%	2.0%	Price only
Weighted inflation	2.4%	2.4%	2.0%	2.0%	
Efficiency factor	-1.1%	-1.1%	-1.1%	-1.1%	
Tariff uplift	1.3%	1.3%	0.9%	0.9%	
Other provider cost/income					
CNST contributions	10.5%	10.5%	10.5%	10.5%	Total cost
Other commissioner costs					
Primary care prescribing	0.5%	0.5%	0.5%	0.5%	Price and volume

Tariff

- B9** The table sets out assumptions for the National Tariff cost uplift factor and its constituent elements, as well as other material cost assumptions. These assumptions are for planning purposes; the final cost uplift factor and prices will be set following the tariff engagement and consultation process.
- B10** Systems should plan on the basis that the price relativities in the National Tariff remain unchanged. The cost uplift factor should be assumed to be the same across acute, mental health and community services.
- B11** These assumptions exclude the impact of the proposed new contract deal for junior doctors and will need to be updated for this, if agreed.

Clinical Negligence Scheme for Trusts – tariff impacts

- B12** The table above sets out a national assumption for growth in CNST contributions of 10.5%.
- B13** This cost growth is funded in commissioner allocations, but will mainly be reflected in individual tariff prices rather than the cost uplift factor. As assumptions are not available for individual tariff prices, the estimated impact of the growth of CNST on tariff for different provider types is given in the table below. These are intended to reflect an average for all services within these providers, not just those services with national prices. CNST is more heavily concentrated in maternity and A&E services therefore trusts with different mixes of services will be differentially impacted.
- B14** Commissioners will need to take account of this cost in addition to the tariff uplift set out above.

Provider Type	Assumed impact on spend (national and local prices)
Acute and specialist	0.25%
Ambulance	0.06%
Community	0.02%
Mental Health	0.03%
Total	0.21%

MRET funding adjustments

B15 For planning purposes, systems should assume that the replacement funding for MRET is available on the same basis and with the same financial distribution as in the agreed 2017/18 values used for 2019/20 payments. As for 2019/20, this will be taken into account in setting financial recovery expectations. The distribution mechanism for this funding in 2020/21 will be notified at a later date.

Provider and commissioner sustainability funding

B16 As set out in the 2019/20 Planning and Contracting Guidance, funding will be available from the Financial Recovery Fund and Commissioner Sustainability Fund where an agreed financial recovery plan is in place, developed as part of the planning process. Regional teams will work with each system to agree what a realistic and stretching bottom line position is (and corresponding allocations from the Financial Recovery Fund) in each year.

Other provider income

B17 Funding for Health Education England, research and development, and the local authority public health grant is subject to decisions in the Spending Review and subsequent DHSC budget setting. We suggest that systems use net tariff as a price assumption for planning purposes.

Pension revaluation costs

B18 For planning purposes, systems should assume that there is no pressure on employer pension contributions as a result of the increase from 14.38% to 20.68% in April 2019. This cost is being funded centrally in 2019/20 and arrangements for future years will be notified in advance of operational planning.

Activity

B19 Systems should develop and agree realistic local assumptions which should be based on local trends derived from recent activity within a system.

B20 This should take account of the expectation set out in the Implementation Framework that systems should:

- set out how they will use the increase in their allocations to improve the volume of elective treatments year-on-year, cut long waits, and reduce the size of waiting lists.
- set out how they will transform outpatients, increasing use of digital tools to redesign how services are offered, and remove up to a third of face-to-face outpatient visits.

B21 In respect of emergency care, STPs/ICSs, commissioners and providers should review assumptions for demand growth to ensure they reflect recent local trends, adjusting as appropriate for demand management and other efficiency schemes that have been agreed within the system, and to reflect delivery of national priorities. In 2019-20, the planning guidance requires systems to continue with ongoing service improvement work to maintain and improve performance for cancer treatment and A&E until any new standards, proposed by the Clinical Review and accepted by Government, are implemented.

Investment commitments

Mental health

B22 The Long Term Plan commits that mental health services will grow faster than the overall NHS budget, creating a new ringfenced local investment fund worth at least £2.3 billion a year in real terms by 2023/24, and a new commitment that funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending. As part of this commitment, systems

should plan on growth in CCG programme spending on mental health in line with the Mental Health Investment Standard (MHIS). In 2020/21 the standard will require an increase in spend by at least the overall CCG programme allocation growth plus an additional percentage increment to reflect the additional mental health funding included in CCG allocations. For 2021/22 and later years, spending should increase by at least the overall CCG programme allocation growth. The strategic planning tool will calculate achievement of the MHIS in each year.

- B23** Additional funding from the LTP allocation for mental health will also need to be spent on mental health on top of this growth in core CCG programme spending.

Primary medical and community services

- B24** The Long Term Plan commits to an increase of £4.5 billion in real terms expenditure on primary medical and community health services. To support this, systems should plan to:

- Spend the primary care (GP) allocation in full
- Increase overall spending from CCG programme allocations on primary medical care, community services and Continuing Healthcare services above overall CCG allocation growth, together with additional LTP allocations, in order to deliver on the commitment. This includes meeting the new commitment to provide £1.50 per registered patient to PCNs.

- B25** Further detail will be provided separately on the required increase by system by 2023/24 and interim requirements in order to contribute to delivering this commitment.

Capital

- B26** Indicative capital assumptions will be produced at system level to support planning. Revenue plans and financial improvement trajectories should be consistent with these assumptions. Systems may also wish to produce a well prioritised list of further capital investments beyond this envelope, and exemplify for each the impact these investments would have on the revenue position and on LTP delivery.

- B27** For the purposes of system planning, we are asking systems to contain and prioritise capital spending across their ICS/STP and region within an affordable envelope covering all expenditure that scores within capital limits set by the Treasury. We are also asking systems to plan within the envelope for all capital needs across their patch, including both routine and backlog maintenance, depreciation and other self-financed investments, loan-financed schemes and more significant transformational schemes. Systems will need to take account of capital requirements across all care settings, including primary care and mental health, and for digital transformation. Again, both the approach and the quantum are indicative at this stage, and are in particular subject to the outcome of any forthcoming Spending Review; no decisions have been made about the future capital and financing regime, and we are committed to engaging the sector in the development of any future reforms.

Annex C: LTP headline metrics

A new service model for the 21st century

1. Primary and community services (extra £4.5 billion): annual implementation milestones for 5-year GP contract – more detail to be agreed: new community services response times and teams.
2. Comprehensive ICS coverage including a partnership board, drawn from and representing commissioners, trusts, primary care networks, and – with the clear expectation that they will wish to participate – local authorities, the voluntary and community sector and other partners.
3. Emergency care: on agreed trajectory for Same Day Emergency Care (SDEC) and Integrated Urgent Care Services (IUCS).

More NHS action on prevention and health inequalities

4. Prevention (1): increase uptake of screening and immunisation
5. Inequalities: inequalities reduction trajectory
6. Prevention (2): alcohol care teams, tobacco treatment services, and diabetes prevention programme

Further progress on care quality, access and outcomes

7. Maternal and children's health: on agreed trajectory for 50% reduction in stillbirth, neonatal and maternal deaths and brain injury by 2025
8. Improve cancer survival: Improve one and five-year cancer survival; on agreed trajectory so that 75% of cancer patients diagnosed at stage 1 or 2 by 2028
9. Learning disability and autism: on agreed trajectory for halving inpatient rate by 2023/24 and increasing learning disability physical health checks to 75% of people aged over 14
10. Mental health: on track for locally agreed service expansion, and increase in investment for mental health services as a share of the NHS budget over the next five years, worth in real terms at least a further £2.3 billion a year by 2023/24
11. Implementation of agreed waiting times/clinical standards for urgent and emergency care, elective care, cancer and mental health, from April 2020, and the maintenance and improvement of performance for cancer treatment and A&E until that point.

NHS staff will get the backing they need

12. Workforce metrics will be agreed through development of the NHS People Plan but will include:
 - Staff retention: retention rate to improve by at least 2%
 - Leadership: CQC well led indicator, and staff engagement indicator
 - Diversity/inclusion: BME representation, gender, bullying/harassment

Digitally enabled care will go mainstream across the NHS

13. Outpatient reform: 30% reduction trajectory, outpatient digital role out
14. Empowering people: Summary care record roll out.
15. Access to online/telephone consultations in primary care.

Taxpayers' investment will be used to maximum effect

16. Test 1: The NHS will return to financial balance
 - proportion of NHS organisations in financial balance.
17. Test 2: The NHS will achieve cash-releasing productivity growth of at least 1.1% per year

- Annual cash releasing productivity growth of at least 1.1%
- 18. Test 3: The NHS will reduce growth in demand for care through better integration and prevention
 - With population health management delivering demand growth moderation in line with LTP activity model
- 19. Test 4: The NHS will reduce variation in performance across the health system
 - GIRFT/RightCare metric to be confirmed
- 20. Test 5: The NHS will make better use of capital investment and its existing assets to drive transformation
 - *Metrics to support this test will be confirmed following the Spending Review and development of the new NHS capital regime*

Annex D: Supporting wider social goals

Health and the justice system

- D1** System plans should set out how they will engage with nationally commissioned services to improve outcomes for people engaged in the health and justice systems. Alongside this, the national team will support delivery of the improvements set out in the Long Term Plan as set out below.
- D2** By 2020/21:
- Roll out of the Health and Justice digital patient record Information System (HJIS) will begin across all adult prisons, immigration removal centres and secure training centres for children and young people, to enable digital transfer of patient records before custody, in custody and on release;
 - Targeted roll out of the care after custody service, RECONNECT, will begin by focusing on areas identified through the pilot sites;
 - Provision of support for survivors of sexual assault will be expanded so they can access integrated therapeutic mental health support, both immediately after an incident and to provide continuity of care where needed. This will include provision of Sexual Assault Referral Centres (SARCs) across England and seamless referral into mental health and other specialist support services.
- D3** By 2023/24:
- Roll-out of the Community Service Treatment Requirement (CSTR) programme, will cover a targeted population in England. This will be supported by a national evaluation of the CSTR test sites and will develop an assurance framework to ensure implementation of subsequent sites is iteratively improved;
 - The CSTR programme will be expanded to cover more women offenders, short-term offenders, offenders with a learning disability and those with mental health and additional requirements;
 - The development of a trauma-informed framework for integrated care for the most high-risk, high-harm and highly vulnerable children and young people in the community with complex needs. Funding will be made available over the five-year period to set up this offer in partnership with Health and Justice Commissioners.

Veterans and the Armed Forces

- D4** The NHS will expand support for all veterans and their families as they transition out of the armed forces, regardless of when people left the service. Local systems are asked to work with the national team to deliver on the Long Term Plan commitments so that by 2023/24:
- We have a better understanding of the mental health needs of the veteran population;
 - Improved recovery will be defined and achieved in 50% of patients accessing Transition, Intervention and Liaison Service (TILs) and Complex Treatment Service (CTS);
 - We have reduced A&E attendances and crisis calls from veterans.
- D5** The national team will support this by:
- Working in conjunction with Health and Justice Regional Commissioners, who will ensure that targeted prisons are enabled to support the Veterans Criminal Justice pathway;

- Continuing to roll out the Veteran's Trauma Network and Veteran Aware Hospitals;
- Rolling out a Military Veteran Aware Accreditation scheme in conjunction with the RCGP.

Health and the environment

- D6** To support the NHS to reduce its carbon footprint in line with the Climate Change Act (34% by 2020, 51% by 2025 compared with the 2007 baseline) we are working with national partners to review opportunities to reduce carbon, waste and water use in line with these targets. In the first instance, they will develop national programmes to drive progress in three key areas:
- Shifting to appropriate use of lower carbon inhalers across the NHS;
 - Reducing the use of high carbon anaesthetics, where it is clinically safe to do so;
 - Reducing use of single-use plastic, based on best practice.
- D7** Additional information to support systems to respond to the sustainable development targets for carbon reduction, air pollution and reduction in use of single-use plastic will be published later in 2019. Additional support for driving sustainable development across the NHS estate is also set out in Chapter 8.
- D8** In summer 2019, the Healthy New Town Principles, Putting Health Into Place, will be published. Any geography with planned housing growth should use these principles as a guide for collaboration between local authorities, NHS services and developers in ensuring that new developments plan, design and build healthier environments. A Healthy New Towns Standard will be developed in 2019/20, as further incentive to build health and wellbeing into developments.

Health and employment

- D9** The national health and work team is continuing to work in partnership with the Government's Health and Work unit to develop and test best practice in supporting people with health conditions and disabilities to get and stay in appropriate work. Systems identifying employment as a local priority can draw on expertise from the national team, via their region, to develop local plans.

Anchor institutions

- D10** The national team is continuing to identify, test and spread existing good work where NHS organisations are working as 'system anchors' to create wider social value for their local community, specifically relating to procurement or employment. The national team is looking to work with any system delivering, or considering, initiatives with these ambitions so that we can map, test and spread action that will help tackle health inequalities and wider social determinants.

Contact us:

NHS England

This publication can be made available in a number of other formats on request. Please call 0300 311 22 33 or email england.contactus@nhs.net.

NHS Improvement

enquiries@improvement.nhs.uk

improvement.nhs.uk

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