

Briefing Note

CITY OF
WOLVERHAMPTON
COUNCIL

Title: NHS Long Term Plan – Briefing Note

Date: 15.01.2019

Prepared by: Dr. Ankush Mittal

Job Title: Consultant in Public Health

Intended Audience:

Internal

Partner organisation

Public

Confidential

Purpose or recommendation

To brief Health Scrutiny on the headline considerations of the NHS Long Term Plan (Jan 2019).

Background and Overview

The NHS Long Term Plan sets out the path for the NHS in the next 10 years, highlighting key areas of focus within 7 chapters.

In terms of resources, the plan has been much awaited since Government announcements of an additional £20bn a year for the NHS within 5 years (NHS budget currently ~ £114bn).

The plan places an increasing emphasis on primary care and community care systems and prevention in general, with closer partnerships between the NHS and LA on public health spending. Prevention continues to be a running theme amongst NHS papers, including the NHS Five Year Forward View and the more recent Department of Health and Social Care 'Prevention is better than cure: our vision to help you live well for longer' (2018).

There is also a compendium of targets and delivery objectives for care quality in various groups, including cancer, diabetes, stroke, children and mental health, with associated care targets (e.g. a shift towards earlier diagnoses of cancer, moving from 50% to 75% diagnosed at an early stage).

In terms of structures there is a drive for all Integrated Care Systems to develop by 2021, and a push for an integrated place-based primary care model consisting of 'primary care networks' covering 30-50,000 populations.

In term of processes there is also significant emphasis on digital innovation in healthcare delivery, with ambitious targets around virtual consultations for both primary care and outpatient settings.

Some uncertainties remain in the wake of the social care and prevention Green papers and a wider Spending Review and Workforce Implementation Plan.

Chapter Summaries

The NHS Long term plan considers key areas within 7 chapters, as summarised below:

Chapter 1:

Service Models:

- Every patient will have the right to online 'digital' GP consultations
- redesigned hospital support will be able to avoid up to a third of outpatient appointments
- GP practices – typically covering 30-50,000 people – will be funded to work together to deal with pressures in primary care with community health and social care staff.
- Community health teams and urgent and integrated care systems to reduce hospitalisation and delays in discharge
- 2.5 million more people will benefit from 'social prescribing', a personal health budget, and new support for managing their own health

These reforms will be backed by a new guarantee that over the next five years, investment in primary medical and community services will grow faster than the overall NHS budget. This commitment creates a ringfenced local fund worth at least an extra £4.5 billion a year in real terms by 2023/24.

Chapter 2:

Prevention and health inequalities:

- Smoking cessation pathways in hospital and mental health settings
- Plans to limit alcohol-related A&E admissions
- Uptake of screening and early cancer diagnosis
- Funding to address and reduce population obesity
- Plans to double enrolment in the successful Type 2 NHS Diabetes Prevention Programme
- Supporting people with mental health conditions in the community
- Providing outreach services for people experiencing homelessness
- Plans to lower air pollution through revision of systems and processes in the NHS

Chapter 3:

Care quality and outcomes improvement in various areas, including:

- cancer
- mental health
- diabetes
- multimorbidity
- healthy ageing, including dementia
- children's health
- cardiovascular and respiratory conditions
- learning disability and autism

Commitment 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 by 2023/24.

Chapter 4:

Workforce pressures and staff development. Actions to be overseen by NHS Improvement. These will be included and confirmed in the comprehensive NHS workforce implementation plan published later this year.

- Expand the number of nursing and other undergraduate places, ensuring that well-qualified candidates are not turned away as happens now.
- Expansion of clinical placements of up to 25% from 2019/20 and up to 50% from 2020/21.
- New routes into nursing and other disciplines, including apprenticeships, nursing associates, online qualification, and 'earn and learn' support, are all being backed, together with a new post-qualification employment guarantee.
- International recruitment will be significantly expanded over the next three years, and the workforce implementation plan will also set out new incentives for shortage specialties and hard-to-recruit to geographies.
- More flexible rostering will become mandatory across all trusts
- Funding for continuing professional development will increase each year
- Action will be taken to support diversity and a culture of respect and fair treatment
- More workforce flexibility across an individual's NHS career and between individual staff groups.
- The new primary care networks will provide flexible options for GPs and wider primary care teams.
- Staff and patients alike will benefit from a doubling of the number of volunteers also helping across the NHS.

Chapter 5:

Digital:

- Rapid upgrade in technology and virtual access
- Better access to care records for all staff
- Improvements in digital decision support tools
- Integration and linkage of data

Chapter 6:

Financial path:

- Taken account of the current financial pressures across the NHS, which are a first call on extra funds.
- Realism about inevitable continuing demand growth from our growing and aging population, increasing concern about areas of longstanding unmet need, and the expanding frontiers of medical science and innovation.
- No assumption that increased investment in community and primary care will necessarily reduce the need for hospital beds. Instead, taking a prudent approach, we have provided for hospital funding as if trends over the past three years continue.
- Establishment of new Financial Recovery Fund and 'turnaround' process, so that on a phased basis over the next five years not only the NHS as a whole, but also the trust sector, local systems and individual organisations progressively return to financial balance.
- Save taxpayers a further £700 million in reduced administrative costs across providers and commissioners both nationally and locally.

Chapter 7:

Next steps in implementation:

- Establishing the new NHS Assembly in early 2019.
- 2019/20 will be a transitional year, as the local NHS and its partners have the opportunity to shape local implementation plans for their populations
- A detailed national implementation programme by the autumn so that we can also properly take account of Government Spending Review decisions on workforce education and training budgets, social care, councils' public health services and NHS capital investment.
- This Plan does not require changes to the law in order to be implemented but recommends changes to create publicly-accountable integrated care locally, to streamline the national administrative structures of the NHS, and remove the rigidness of the competition and procurement regime applied to the NHS.
- NHS and partners will be moving to create Integrated Care Systems everywhere by April 2021, which bring together local organisations in a pragmatic and practical way to deliver the 'triple integration' of primary and specialist care, physical and mental health services, and health with social care.

Proposal/Options

1. LA public health and social care systems to continue to integrate with NHS through established routes, including the STP, ICA, and BCF.
2. Prepare for further place-based changes to the delivery of NHS community and primary care services, and continue to mobilise our social care and public health offers to adapt to these changes
3. Revisit joint targets and outcomes with the NHS via partnership groups, and consider the detailed guidance in the plan alongside those within current plans, and prepare for any gaps and renewed ambitions
4. Await wider literature essential to understanding how LAs will complement this plan, including social care and prevention green paper.