

## **NHS Long Term Plan**

### **Purpose of report**

For information.

### **Summary**

This report provides a summary of the LGA key messages with regard to the NHS Long Term Plan.

### **Recommendations**

That the Community Wellbeing Board note the report.

### **Actions**

Officers to take actions as directed by the Board.

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## **NHS Long Term Plan**

### **Background**

1. The NHS Long Term Plan (LTP) was published on 7 January. It outlines the measures the NHS will take to improve population health, address health inequalities, introduce a new model of care and support and to achieve financial sustainability for the NHS. It follows the Government announcement that the NHS will receive an additional £20.5 billion a year over the next five years, representing an increase of 3.4 per cent per year.
2. The LTP sets the priorities and the policy direction for the NHS for the next five to ten years and, as such, will be one of the most significant policy drivers for the NHS but also adult social care, public health and leadership of the health and wellbeing agenda.
3. The LGA has published a detailed briefing that summarises the proposals and commitments of the LTP that are of most interest and relevance to local government and also gives the LGA views on the LTP. The briefing has been circulated to all members of the Community Wellbeing Board and is available here:  
<https://www.local.gov.uk/parliament/briefings-and-responses/nhs-long-term-plan> .
4. This report provides Board members with a summary of the LGA's key messages on the NHS LTP for information.

### **Summary of LGA key messages**

5. **Recognise the wider drivers of health** - The Local Government Association (LGA) welcomes many aspects of the NHS Long Term Plan (LTP), in particular the focus on expanding community care, support and prevention to ensure that more people receive timely care, treatment, support and advice as close to their homes as possible. But this is a plan for the NHS rather than a comprehensive plan for the wider health and care system so, inevitably, it offers only part of the solution to the health, social care and wellbeing challenges facing our communities. The LTP recognises that partners, in particular local government, have a leading role in promoting health, wellbeing and independence but the measures it outlines focus primarily on the NHS. Much will depend on the local implementation of the national objectives. It will be important that local leaders across the NHS and local government take a wider approach to ill-health and prevention, building on existing place-based plans for improving health and wellbeing to create new models of care and support.
6. **Social care remains desperately underfunded** - The LTP recognises the need to fund adult social care adequately but sees this in terms of reducing the pressure on the NHS. It is true that the NHS and social care are inextricably linked but social care also needs to be seen as a vital service in its own right, not simply an adjunct to the NHS. It allows the NHS to focus on what it does best and it helps people to live independent and purposeful lives. Social care faces a funding gap of £3.6 billion by 2025, which must be

urgently addressed. If not, fewer people will be able to get the care they need, there will be an even greater risk of the financial failure of care providers, and a disinvestment in prevention. For the NHS, there is a real risk that reductions in adult social care will jeopardise the priorities in the NHS LTP. It is vital that the Government uses the Spending Review to deliver sustainable funding for social care. The LGA has set out the scale of the challenge in 'The lives we want to lead: the LGA green paper for adult social care and wellbeing'. We have also set out recommendations for the Government's own green paper on adult social care. It is disappointing that the LTP does not underline the urgency of the funding challenge facing adult social care and the consequences for the NHS if the Government continues to delay the publication of the green paper.

7. **The Better Care Fund (BCF) is important in funding adult social care and integrated services** - The protection of adult social care funding has always been a national condition of the BCF. We support local systems to improve safe and timely discharge from hospital but the disproportionate focus on delayed transfers of care (DTOC) is having a negative impact on community and social care provision by directing funding away from these vital services. The LGA calls for the BCF to return to its original aims of protecting adult social care, supporting prevention and community based support, and promoting integration.
8. **Public health needs proper resourcing** - We strongly support the renewed focus on prevention, health inequalities and a population health focus. NHS commitments to promote prevention are welcome, but cuts to local government funding for public health services underline the need for government to take a consistent approach to population health. Public health grant funding has reduced by over £700 million in real terms between 2015/16 and 2019/20. The contribution of public health is being undermined and services vital for improving population health are not being implemented, or are being cut back, risking the future sustainability of the NHS and social care. Without additional resources, many councils will be forced to make tough decisions about which services to scale back, or cut completely. In the past six years 80 per cent of the 112 indicators in the public health outcomes framework have been level or improving. It is vital that the Government uses the Spending Review to deliver sustainable funding for public health in local government.
9. **We need equivalent investment in local government to make the best use of NHS funding** - Taxpayer investment in the NHS will not be used to best effect unless there is also a sustainable funding solution for social care, public health services and wider council services that contribute to improved health and wellbeing. The overall funding gap facing local government will reach £8 billion by 2024/25. The Government must use the green paper and the Spending Review to ensure that the underfunding of council services does not compromise the delivery of the ambitions of the plan.
10. **The plan could go further to truly personalise services** - We support increased personalisation, although this could have gone further with commitments to introduce co-

production and co-commissioning of care and support, personal budgets and direct payments. This is essential to create a service focused on wellbeing rather than illness.

- 11. Effective partnerships are crucial for success** - We support the place-based focus of integrated care systems (ICS) and the requirement for partnership governance. But we are concerned that health and wellbeing boards are not mentioned as they are the only statutory forum bringing together local clinical, political and community leaders. The LGA supports many of the proposals to change the legal framework for the NHS, in particular changes to promote collaboration across local health systems. The LGA has long supported such a duty and we support combining existing duties on councils, CCGs (clinical commissioning groups) and health and wellbeing boards to create a single duty on all partners to improve the health and wellbeing of local populations. We would expect this duty to include a requirement to engage partners in the development of local implementation plans and, for health and wellbeing boards to have a clear role in every ICS.
- 12. Focus on effective joint working rather than unnecessary reviews of local government responsibilities** - With regard to the proposed review of commissioning of some public health services – sexual health services, health visitors and school nurses – the rationale for local government to lead on public health remains unchanged. The plan implies that councils are delivering worse outcomes than when services were commissioned by the NHS. This is not supported by the evidence. In the past six years 80 per cent of the 112 indicators in the public health outcomes framework have been level or improving. The joint review must ensure that we have the best possible join-up between the NHS and local government, and that services are appropriately resourced. Now is not the time for further distractions around structures and responsibilities for commissioning preventative services. The most effective health and care systems work collaboratively and we should focus on strengthening effective joint commissioning.
- 13. Welcome measures to support children's health** - The emphasis on children and young people – particularly their mental health – in the plan is very welcome. It could go further to recognise the wider role that local government and other services play in delivering the Government's Healthy Child Programme and influencing the health of children and young people more widely. A joined-up approach is crucial to delivering the LTP and to creating future generations of healthy and happy adults.
- 14. A welcome emphasis on mental health, learning disabilities and autism** - We welcome the strong focus in the plan on mental health, learning disabilities and autism. It recognises the benefits of investing in multi-disciplinary teams to ensure a person-centred approach.
- 15. Don't forget the social care and public health workforce** - With regard to workforce, the emphasis is squarely on the NHS workforce with scarcely any mention of links to social care or public health. This is understandable at this stage with the green paper

and NHS workforce implementation plan yet to be delivered. It is vital that the NHS and local government develop a system-wide approach to workforce planning and that the impact of changes to the NHS workforce on the social care workforce is considered.

**Implications for Wales**

16. Health and social care policy are devolved to the Welsh Assembly.

**Financial Implications**

17. This report has no financial implications for the LGA.

**Next steps**

18. The Community Wellbeing Board to note the report.