

27 September 2018

## **NHS Long Term Plan**

### **Purpose of report**

For discussion.

### **Summary**

This report summarises progress so far on the development of the NHS Long Term Plan, which is expected to be published in November 2018. It also proposes for discussion the key strategic messages that the LGA will promote in working with NHS England in the development of the Long Term Plan.

### **Recommendations**

That the Board discuss and agree the LGA's proposed key messages with regard to the NHS Long Term Plan.

### **Actions**

That the Chairman of the Community Wellbeing Board to write to Simon Stevens outlining the LGA's key strategic messages in relation to the NHS Long Term Plan.

Officers to continue to contribute to all relevant NHS Long Term Plan work streams in order to influence its development.

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## **NHS Long Term Plan**

### **Background and introduction**

1. On 18 June, the Prime Minister set out a £20.5 billion funding settlement for the NHS over the next five years until 2022/23. In return, NHS England is developing a long term plans setting out ambitions for improvement over the next decade and concrete delivery plans to achieve the ambitions for the five years of the funding settlement.
2. NHS England intends to publish its NHS Long Term Plan in November 2018 and has embarked on a major consultation exercise to seek the views of patients, the public, staff, and key partners, including local government. The consultation ends on 30 September. An NHSE briefing paper, attached as Annex, gives further details.
3. NHS England has set up a number of work streams to inform the plan. They are as follows:
  - 3.1. Mental health;
  - 3.2. Healthy childhood and maternal health;
  - 3.3. Integrated personalised care for people with long term conditions and older people with frailty (including dementia);
  - 3.4. Learning disability and autism;
  - 3.5. Efficiency and productivity;
  - 3.6. Local and national system architecture;
  - 3.7. Clinical review of standards;
  - 3.8. Digital and technology;
  - 3.9. Workforce, training and leadership (including Health Education England Budget);
  - 3.10. Primary care;
  - 3.11. Prevention, personal responsibility and health inequalities (including PHE / LA prevention budgets);
  - 3.12. Engagement processes (including the NHS Assembly);
  - 3.13. Research and innovation;

27 September 2018

3.14. Cardio-vascular and respiratory disease; and

3.15. Cancer.

4. The LGA is contributing to all relevant work streams to emphasise the role and contribution of local government in the planning and delivery of the NHS Long Term Plan at national, strategic and local level.

#### **Details**

5. This paper aims to provide the Community Wellbeing Board with a summary of the progress so far in the development of the NHS Long Term Plan, the extent of LGA involvement and to propose a number of key messages to underpin all our engagement on the NHS Long Term Plan, both at strategic level and in relation to specific work streams.
6. We are keen to ensure that the NHS Long Term Plan is underpinned by a place based, person-centred and preventative approach aimed at maximising health and wellbeing and preventing people requiring health care and support in the first place. We see this as the only way of ensuring that the NHS is sustainable in the long term. We therefore propose that the Community Wellbeing Board discuss and agree the key strategic messages that the LGA should seek to embed within the NHS Plan.
7. NHS priorities for their plan focus more on individual pressures rather than whole-system transformation. In particular;
  - 7.1. living within its financial means, though this is only explicitly addressed in the 'efficiency, productivity and transformation' work stream;
  - 7.2. opportunities in new standards/targets and legislative change; and
  - 7.3. improvements in treatment of clinical conditions, eg cancer or mental health and of outcomes.
8. The proposed LGA key messages, outline in paragraph 10.1 to 10.4 below, take a broader, system wide and outcomes based approach.
9. We are also contributing to the consultation on the design of the NHS Assembly, suggesting it be a testing ground for proposals, checking cross-sector implications and providing advice on priorities and engagement; we also stressed the need for it to be accountable to the CEO Board not just NHSE/I boards, and for there to be feedback from the NHS to the Assembly to ensure accountability

**LGA proposed key messages on the NHS Long Term Plan**

10. The Community Wellbeing Board is asked to discuss and agree the key messages for the LGA to promote in our work with NHS England on the NHS Long Term Plan.

10.1. We are supportive of the NHS commitment to use the Plan to clearly outline how the additional funding for the NHS will be used to improve the overall health of the population and reduce health inequalities. However, current proposals of individual work streams that we have seen so far, lack ambition in terms of radical reshaping health and care. There appears to be a greater focus on simply doing existing things better rather than considering how to remodel and invest in community-based prevention.

10.2. Achieving these ambitious goals will require a system-wide shift towards prevention, not just for the NHS but for other public services. Local government has a particularly crucial role to play in addressing the wider determinants of health and health inequalities – for example through strategies and action to improve housing, employment, educational attainment, early years support and community resilience and empowerment. Unfortunately, this broader, more strategic approach is not reflected in any of the work streams reflecting the major priorities for the plan. In particular, the scope of the prevention work stream is limited to ‘life style’ factors and behavioural change. We, therefore, urge NHS England to take a more holistic approach to addressing health inequalities and improving health outcomes. And in doing so, they will need to work closely with councils, recognising the vital contribution of council powers and responsibilities.

10.3. A related point is that it is short-sighted to invest in NHS services addressing the funding gap in adult social care and wider local government services that support people to maintain their own health and independence. While it is not the primary purpose of the NHS Long Term Plan to make the case for increased funding of local government services, it is clear that without additional funding to support evermore stretched adult social care and mainstream council services, the NHS will be limited in how much impact they can have on addressing the wider determinants of health. Furthermore, if adult social care, public health or mainstream council services are cut, this will increase pressure on NHS services, making it more challenging for them to achieve their vision for better services, better outcomes and addressing health inequalities.

10.4. We welcome the intentions of the NHS Long Term Plan but unless it proposes a radical shift in our approach to health and wellbeing, it will not be effective in creating a sustainable future for the NHS or deliver improvements in health and health inequalities unless it makes the following changes;

27 September 2018

- 10.4.1. adopting a place-based, locally led approach focusing on prevention and wellbeing;
  - 10.4.2. investment in primary, community and social infrastructure to help people help themselves;
  - 10.4.3. a move away from treating an ever growing burden of sickness and long term conditions to supporting people to maintain their own health, wellbeing and resilience; and
  - 10.4.4. social care and support valued in its own right as a vital service enabling thousands of people to live full and independence lives and not simply adjunct of the NHS, there simply to take the pressure of acute services.
- 10.5. The plan will also need to recognise the importance of using existing governance and accountability structures to ensure that the national plan can be adapted and tailored to local needs and priorities. In particular, we would want to see local NHS leaders engaging proactively with health and wellbeing boards in developing local plans that build on the place based priorities already set out in joint health and wellbeing strategies. Furthermore, engaging local political leadership in early discussions to develop local plans will be crucial in securing the system-wide support and commitment necessarily to deliver real and lasting change.
- 10.6. Only together, can the NHS and local government transform health and care to meet the needs of the next century. Councils are not simply delivery partners to support the NHS to meet their ambitions. Councils and their political leaders are place-shapers and strategic partners, bringing together many partners from the public, private and community and voluntary sector to achieve the wider ambitions for their communities. It is important that NHS leaders understand the breadth and depth of the reach of councils into their communities and recognise how important this role is in helping the NHS to engage with communities.

### **Implications for Wales**

11. Health and social care are functions devolved to the Welsh Assembly – so there are no implications for Wales.

### **Financial Implications**

12. There are no financial implications for local government.

### **Next steps**

13. The Board is requested to discuss and agree the key messages outlined in paragraphs 10.1 to 10.4 above to underpin all of our contributions to the development of the NHS Long Term Plan.
14. NHS England aim to publish the Long Term Plan in November to coincide with the Autumn Budget, and will continue to engage with key stakeholders throughout September and October in order to shape the final plan. This provides the LGA with an

27 September 2018

important opportunity to use key messages agreed by the Board to influence the final Long Term Plan.