



# Summary of the *NHS long-term plan* *implementation* *framework*



The *NHS long-term plan*<sup>1</sup> published in January 2019 set out a vision for the next ten years of the NHS. Further details of how these ambitions can be achieved are now being shared through a series of supporting plans and guidance.

The HFMA is committed to producing summaries<sup>2,3,4</sup> of these plans to support members. This briefing highlights the key points included in the *NHS long-term plan implementation framework* and the next steps for the system.

## Introduction

The *NHS long-term plan implementation framework*<sup>5</sup> (the framework) sets out the requirements on sustainability and transformation partnerships (STPs) and integrated care systems (ICSs) in creating their five-year strategic plans. The framework expects local systems to meet the end points set out in the plan but allows substantial freedom to respond to local needs and priorities. A support offer is set out alongside the framework, detailing the programmes and organisations that systems can call on as they develop and implement their plans.

System plans will be aggregated into a national implementation plan and are expected to adhere to the following principles:

- the implementation of commitments in the *NHS long-term plan* that have clinical implications, should be clinically led
- local communities should have meaningful input into the local plan
- workforce planning should be realistic
- plans need to include how local systems and organisations will meet the five financial tests set out in the *NHS long-term plan*, including setting out capital investment priorities

<sup>1</sup> NHS, *The NHS long-term plan*, January 2019

<sup>2</sup> HFMA, *Summary of The NHS long-term plan*, January 2019

<sup>3</sup> HFMA, *A summary of NHS operational planning and contracting guidance 2019/20*, January 2019

<sup>4</sup> HFMA, *Summary of the Interim NHS people plan*, June 2019

<sup>5</sup> NHS, *NHS long-term plan implementation framework*, June 2019

- all commitments in the *NHS long-term plan* must be delivered and national access standards must be met
- implementation of the *NHS long-term plan* should be phased, based on local need
- health inequalities and unwarranted variation must be reduced
- local systems should consider how to prevent ill health as well as treat it
- plans should be developed in conjunction with local authorities
- local innovation should be harnessed.

It is recognised that plans will continue to evolve over the coming years, but the framework requires systems to be transparent about their intentions and ambitions. To this end, local areas will be required to publish their plans shortly after agreement in mid-November 2019.

Some additional funding will be made available to support specific commitments within the plan. This will either be allocated on a fair share basis across the whole of England or targeted to test implementation approaches or meet specific needs, dependent upon the activity.

## Delivering a new service model for the 21<sup>st</sup> century

The service changes in this section are considered to be ‘foundational’ and must be delivered to be able to develop and improve other services.

### Transformed ‘out-of-hospital care’ and fully integrated community-based care

As a minimum, the framework requires system plans to focus on four things for community-based care:

- *meeting the new funding guarantees for primary medical and community health services*  
Every region is required to meet its share of the £4.5 billion real terms increase by 2023/24, from April 2020 onwards. This covers primary medical, community health and continuing healthcare spend. From 2023/24 the funding guarantee will apply to every ICS without exception. Systems must show the distribution of funding across these three areas.
- *supporting the development of their primary care network (PCN)*  
The GP contract guarantees funding to develop multidisciplinary teams, meeting a recurrent 70% of employment costs for additional clinical pharmacists, physician associates, physiotherapists and community paramedics. Social prescribing link workers will be funded at 100% of employment costs. Funding will be allocated to STPs on a fair share basis to invest in GP retention. Fair shares funding will also support a network of training hubs for multidisciplinary teams.  
The PCN development programme will provide fair shares funding to local systems to develop their PCNs and enable the clinical director to access leadership development support. A PCN development prospectus will be published in the summer.
- *improving the responsiveness of community health crisis response and reablement care*  
As well as delivering improved crisis response within two hours and reablement care within two days, this minimum requirement also includes:
  - Providing anticipatory care jointly with primary care
  - Supporting primary care to develop enhanced health in care homes, and
  - Building capacity and workforce to achieve all of the above, by implementing the Carter report and using digital innovation.

National standard service specifications will be developed to support these requirements.

- *implementing service improvements and achieving impact*

System plans need to set out the realistic service improvements that they aim to achieve and the timescales for doing so. Ultimately, quantified impacts on hospital utilisation will be required, as well as the impact on patients' outcomes.

### **Reducing pressure on emergency hospital services**

System plans should show how local urgent and emergency care services will continue to develop, working to reduce pressure on services.

### **Giving people more control over their health and more personalised care**

The development of the universal personalised care model is supported by the funding through four streams:

- primary care network finding for social prescribing link workers
- targeted funding for areas to deliver the comprehensive model of personalised care
- targeted funding for CCG champions to support other areas
- increased national contributions to children's hospices and children's palliative and end of life care services.

### **Digitally enabling primary care and outpatient care**

Systems are expected to increase their use of digital tools in outpatient services and are required to set out their plans for doing so. Programme, and funding, arrangements for digital first primary care will be finalised by the end of July 2019.

### **Better care for major health conditions: improving cancer outcomes**

By 2023/24, cancer alliances will have received over £400m of additional funding on a fair shares basis to support delivery of the ambitions in the *NHS long-term plan* around cancer. Targeted funding will also be available to support the development and spread of innovative models for early identification of cancer. Systems should engage with their local cancer alliance to set out how they will meet the commitments over the next five years.

### **Better care for major health conditions: improving mental health services**

The framework states that funding to deliver the full suite of mental health commitments across the Five year forward view for mental health and the NHS long-term plan will be available via a mix of CCG baseline allocations and transformation funding over the five-year period. System plans must set out how they will meet the mental health investment standard and use the additional funding.

NHS led provider collaboratives will manage specialised mental health services and learning disability and autism services over the next five years. These collaboratives will also become the vehicle for rolling out specialist community forensic care. The specialised commissioning mental health budget will increasingly be devolved to lead providers.

CCG allocations will grow over the five-year period to stabilise and expand core community teams for adults with severe mental illnesses. All areas will also receive a fair share of transformation funding from 2021/22 to 2023/24 to deliver these services with primary care networks.

Additional fair share funding will also be available for a number of nationwide mental health priorities specified in the NHS long-term plan. Targeted funding will be available to specific sites for a range of smaller initiatives and pilots.

## **Better care for major health conditions: shorter waits for planned care**

System plans need to include details of how they will expand the volume of planned surgery and reduce waiting lists over the next five years, confirming that choice is maintained for patients.

## **Increasing the focus on population health**

The scale of transformation that the *NHS long-term plan* demands, requires a well-developed system and supporting infrastructure. STP plans must therefore set out how they will become an ICS by April 2021.

The framework requires systems to set out how their provider and commissioner landscape will develop to overcome local challenges. The integrated care provider contract will be published in summer 2019, offering an opportunity for greater integration of care through contractual integration of primary care with other services. Guidance for aspirant provider groups will be published later in 2019.

## **More NHS action on prevention**

Prevention, and care quality and outcomes in the next section, are areas where the speed of implementation will need to be phased to suit local priorities.

In developing plans to improve prevention, systems will need to work closely with local and regional directors of public health. Additional funding will be made available to support the NHS prevention programme. This will primarily be on a targeted basis to support smoking cessation, weight management and alcohol dependence. The NHS Sustainable Development Unit will also offer targeted support for systems to improve their sustainability. Targeted support to tackle anti-microbial resistance will be at a regional level.

## **Delivering further progress on care quality and outcomes**

### **A strong start in life for children and young people**

The framework states that local maternity system plans should be integrated into the broader system plans. Fair share funding will be available to local maternity systems to support the implementation of better births. Additional funding will be provided to all systems to meet a range of commitments on maternity and neonatal services in the *NHS long-term plan*.

From 2021/22 to 2022/23 there will be targeted investment to support the integration and improvement of children and young people's services, distributed to all systems in 2023/24. In the meantime, systems should set out how they will improve outcomes for children and young people, through delivering the service improvements in the *NHS long-term plan*.

### **Learning disabilities and autism**

The framework expects that all STPs and ICSs will have a named senior responsible office to oversee implementation of *NHS long-term plan* ambitions for people with learning disabilities, autism, or both, and their families.

A number of elements must be included in system plans, including further reduction of beds and inpatient usage and setting out how proposals for people with learning disabilities and/or autism, align with plans in other areas such as mental health and children and young people's services.

Funding to deliver the required improvements will be available through CCG allocations and additional service development funding for all systems. This will include agreed transfers to cover specialised services, community services investment and transforming care partnerships. Targeted funding will be available for a number of projects, including capital investment in 2019/20 and 2020/21 to support the development of new housing options.

## Better care for major health conditions

### Cardiovascular disease

It is expected that systems will seek to improve the prevention, early detection, and treatment of cardiovascular disease over the next five years. Funding to improve treatment of cardiovascular disease is in CCG baselines. Additional fair share funding will be available in 2020/21 to increase the number of people treated for high risk conditions. Targeted funding will be available pilot schemes including the testing of technology to increase uptake of cardiac rehabilitation.

### Stroke care

Systems are asked to set out plans to improve stroke services, centred around delivering integrated stroke delivery networks (ISDNs), for which targeted funding will be available. ISDNs should be established across between one and four STPs or ICSs.

### Diabetes

A number of improvements are set out in the framework for people with type 1 and 2 diabetes, for which systems need to set out their approach. These requirements are supported by additional funding at a national level for flash glucose monitoring devices; at a targeted level, for example support to deliver the three recommended treatment targets; and with some funding arrangements yet to be confirmed to support pregnant women.

### Respiratory disease

System plans should set out how they will support local identification of respiratory disease and increase associated referrals. Targeted funding will be available for a number of sites to expand pulmonary rehabilitation services in 2020/21 and 2021/22. Primary care training hubs will include spirometry training.

## Research and innovation to drive future outcomes improvement

Research and innovation are essential to drive the improved outcomes and efficiencies of the *NHS long-term plan*, with local innovation encouraged to meet system's local needs. System plans must demonstrate how they will improve patient and public participation in research; work with innovators to test ideas in real world settings; and ensure local adoption of proven innovations, working with academic health science networks (AHSNs).

### Genomics

Systems should ensure that pathways are in place such that all eligible patients receive access to appropriate genomic testing.

### Volunteering

Fair shares funding will be allocated to STPs and ICSs to support the growth of volunteering, especially in areas of deprivation.

## Giving NHS staff the backing they need

In line with the *Interim NHS people plan*<sup>6</sup>, system plans must set out specific action to:

- make the NHS the best place to work
- improve leadership culture
- deliver a holistic approach to workforce transformation and workforce growth
- change the workforce operating model.

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<sup>6</sup> NHS, *Interim NHS people plan*, June 2019

## Delivering digitally enabled care across the NHS

Digital technology is expected to underpin system transformation plans over the next five years. Plans should include the approach to ensure full digitisation of all secondary care providers by 2024.

The newly created NHSX will support systems to achieve the ambitions of the *NHS long-term plan*, initially defining and mandating technology standards for all systems and platforms used in the NHS, ensuring that all publicly funded source code is open by default, enabling improved interoperability between systems. Plans should also set out how the delivery of services and information will be significantly improved through the use of digital routes.

Significantly higher local investment is expected in technology in order to meet these ambitions, but this will be supported by central revenue and capital funding. Increasing data security is critical, with the expectation that 85% of NHS estate will be migrated to Windows 10 by quarter one of 2020, amongst other measures.

The framework sets out a number of national intentions that will require local implementation, with further guidance to support the digitally enabled care agenda due later in 2019.

## Using taxpayers' investment to maximum effect

### Financial and planning assumption for systems

The framework sets out the national funding which will be allocated to systems on a fair shares basis and provides an indication of the national total for targeted funding, to support specific projects. The total amounts are shown in **Table 1**.

**Table 1: Additional funding available to systems**

England	2019/20	2020/21	2021/22	2022/23	2023/24
<b>Additional indicative funding allocations for systems (£m)</b>	538	560	814	1,219	1,779
<b>Targeted funding available to systems (£m)</b>	418	939	1,101	1,249	1,481

Indicative provider level funding for specialised commissioning will be shared in July. A set of indicative planning assumptions for pay, non-pay and drugs costs are included within the framework at annex B, together with the indicative tariff uplift. The existing financial framework should be used by systems for planning until the 2020/21 framework has been developed.

System plans must set out how they will use their resources to deliver the commitments within the *NHS long-term plan* and meet the financial tests set out within it. Plans must therefore demonstrate how organisations will return to, or maintain, financial balance noting the impact on each organisation within the system. Financial recovery plans, consistent with the local system plan, will be required for each provider organisation and CCG in deficit. Regional teams will work with systems to agree realistic and stretching bottom line positions.

Plans must also incorporate system actions to maximise efficiencies and support appropriate reductions in growth of demand. In addition, spending plans must be consistent with the commitments to increase investment in certain areas such as mental health, primary medical and community health services. Local detail of these commitments will be provided through regional teams.

The framework states that systems are expected to draw on the national resources available to tackle variation in service provision, address health inequalities and hence reduce unwarranted variation.

### **Improving productivity**

Ten priority areas were set out in the *NHS long-term plan* to help systems plan and deliver improvements in productivity. National support is available for each of these.

While capital budgets will only be confirmed after the 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.

### **Next steps**

System plans for delivery through to 2023/24 are required, with an initial submission in September 2019 and a final submission by mid November 2019. Additional technical guidance will be issued in July 2019 with a full version of the finance and activity template.

The submissions will consist of a strategy delivery plan with supporting technical material setting out workforce, activity and financial plans.

Further operational guidance is expected in December 2019 in readiness for operational plan submissions in early 2020.

The framework states that plans should be developed in house. Where additional support is needed, regions will coordinate support from CSUs and national teams. A programme over the summer will give opportunities for systems to find out more about the support and resources available to them.