

Committee: Health and Social Care Scrutiny Committee	Date: 27/02/2019
Subject: NHS 10 year plan	Public
Report of: Andrew Carter – Director of Community and Children’s Services	For Information
Report author: Simon Cribbens, Assistant Director of Commissioning and Partnerships	

Summary

This reports alerts Members to the publication of a new NHS Long term plan and sets out key messages form the Local Government Association and a response from the Accountable Officer of NHS North East London Commissioning Alliance.

Recommendation:

Members are asked to:

- Note the report.

Main Report

Background

1. The government has published a new “NHS Long Term plan”. The full document can be found here : <https://www.longtermplan.nhs.uk/online-version/>.
2. The Local Government Association has set out key messages in response to the plan (Appendix 1).
3. The Accountable Officer of NHS North East London Commissioning Alliance – the Sustainability and Transformation Partnership (STP) which covers the City of London – has written to colleagues across the STP to set out the local implications of the long term plan (Appendix 2).

Appendices

1. LGA key messages
2. response from Accountable Officer of NHS NEL Commissioning Alliance

Background Papers

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NHS Long Term Plan

The Long-Term Plan (LTP) was published on 7 January. This briefing focuses on the areas of most interest and relevance to local government and summarises all relevant LGA views, comments and policy messages.

[Social care, health and integration](#)

17 Jan 2019

Key messages

- 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.
- 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.

- 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.
- 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.
- 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.

- 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.
- 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.
- 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.
- 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.

- 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.
- 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.

Download the full briefing
[LGA briefing; NHS Long Term Plan](#)

Appendix 2

Dear colleagues

We are well and truly in the swing of 2019 now and heading towards year-end. The start of the year has been very much focused on the NHS [long term plan](#), launched by NHS England (NHSE) at the beginning of January. This sets out the ambitions to transform the NHS over the next 10 years to improve people's health. Hopefully you have had a chance to read and digest the plan, if not a [summary](#) version is available too.

It is encouraging to read the plan and see that what we are already doing in north east London (NEL) to improve people's health and care aligns with NHSE's vision and priorities. For example, we're giving local people more control over their own health and the care they receive, with more joint working between GPs, their teams and community services as primary care networks. Our NHS 111 clinical assessment service, launched last summer, brings together a range of health and care services in NEL for the first time. We're also making headway in areas such as digital and estates too.

We are now working through the detail, looking at what it means for our current programmes of work and using it as a basis for a refreshed STP plan. Involving you, and the public in doing so will be key. You play an important role in improving the care for people in our area, so we want to involve you in shaping how we will do this for our residents and patients. We will share more information on this soon.

We will also be ensuring there is a robust engagement and involvement plan and working with local Healthwatches in our area over the next few months, to discuss our plans with local people and get their input and views.

The long term plan also makes it clear that integrated care systems (ICSs) are the future, setting out that we will have moved to ICSs by 2021. In various ways we are already moving forward with integrated working across north east London. In BHR, the CCGs have made significant progress with budget sharing and planning with their local councils to provide more joined up care for people who live in these boroughs. City and Hackney have been working collaboratively with their local authorities for some time. Currently, the WEL CCGs are looking at how to work together effectively under one managing director and develop new ways of working.

We are working through the detail of what it means for NEL where the plan outlines that

ICSs will cover the whole country by April 2021, but in the meantime I wanted to try and explain the current picture. Across NEL we have eight places (boroughs) and these feed in to three different integrated care programmes spanning City and Hackney, WEL and BHR. These programmes are overseen by two transformation boards (Inner North East London and BHR) that focus on cross-cutting themes and bring together CCGs and provider colleagues including Barts, NELFT, ELFT, BHRUT and the Homerton. Overarching all of this is the NEL strategic view which I head up through NELCA and the ELHCP.

Amidst all the announcements, I have been really pleased to see north east London featured as good examples of what the long term plan is trying to achieve. One of the plan's ambitions is a major expansion of social prescribing – linking patients to non-clinical activities and support that could improve their wellbeing. As part of the launch of this, NHSE visited the 150Club in Newham – an initiative involving the CCG, council and West Ham United Foundation – to see how it is successfully helping local people at risk of diabetes or cardiovascular disease to improve their health through tailored physical activities such as gym sessions and walking football. This received national media coverage including Sky News and [The BBC](#).

In Barking and Dagenham the CCG has used central data sharing to support GP practices to work together to reduce undiagnosed diabetes cases by more than 60%. The CCG has facilitated network meetings using the data to show practices which patients they had to recall to do tests, or recall and manage their medication better so that they were meeting their targets. This has been so successful it is now rolling out across atrial fibrillation too. You can read more [here](#).

Also, I'm really pleased to see that the new national contract for GPs draws largely from the approach in Tower Hamlets, where we are seeing primary care grouped by location into networks – creating seamless services and improving care. The 36 practices in Tower Hamlets have been working together in this way for some time.

To see this approach recognised as the success it is (and to be rolled out nationally) is very exciting and a great credit to those in the CCG who have been involved in the work in Tower Hamlets over the past decade.

This is undoubtedly a time of change, with lots to do and many challenges for all of us. I realise this can be a difficult time in some ways, but it will also mean new opportunities to change the way we work for the better.

As always, please let me know if you have any questions or would like to know more about

the changes ahead.

Best wishes

Jane

Jane Milligan

Accountable Officer

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