British Association for Community Child Health

The NHS Long-Term Plan the turning point we wanted.

Time now to invest and reap the benefits.

Turning point

"a time at which a decisive change in a situation occurs, especially one with beneficial results"

Introduction.

BACAPH and BACCH published the Family Friendly Framework in 2014 in response to the increasing concerns about fragmentation of children's services following the introduction of competition and contestability driven by the Health and Social Care Act 2012, coupled with the implementation of austerity measures. It had been preceded by the BACCH paper on "the meaning of Integrated care for children and families" in 2012 intended to encourage collaboration and networks.

The central tenet of both papers was that services should be designed around the patient and their family, common journeys described in pathways, delivered by competent clinical teams working in integrated networks, dedicated to both prevention and proactive care and with the patient voice participating at all levels, including clinical decisions, service improvement and policy direction.

The Family Friendly Framework encouraged a whole system approach with shared values across participating organisations to create alignment and synergy based on cooperation and collaboration at all levels; devolving some resource distribution decisions to networks, integrating quality improvement with service delivery and developing information systems to reduce variations and improve outcomes rather than merely supporting the business functions in a free market.

The Family Friendly Framework also recognised that health services do not exist in isolation from the wider political, social, economic and natural environments that all contribute to well-being. Services must therefore use resources wisely and uphold the principles of sustainable development in order to

avoid any unintended consequences such as unnecessary resource consumption and social or environmental impacts for future generations.

The National Health Service Long-Term Plan (NHS LTP) was published in January 2019 how far has it met these aspirations?

This paper merely examines the public health and NHS system content (largely contained within chapter 7) rather than the clinical issues which have been summarised by the RCPCH (https://www.rcpch.ac.uk/resources/nhs-long-term-plan-summary-child-health-proposals)

The comparison.

The Family Friendly Framework executive summary helpfully provides four essential 'implication criteria' for each group of stakeholders-planners, providers, commissioners and families. These priorities are now compared to the NHS Long-Term Plan.

Planners and commissioners

Family Friendly Framework	ref	NHS Long-Term Plan
Joint strategies across all planners and commissioners of services relevant to children and families, including health, education, social care and criminal justice systems to create an integrated whole system where all the parts are in place and working well together.	7.1. 1.50 7.5 1.4 7.8 7.17	We will develop a new operating model, based on the principles of co-design and collaboration, working with leaders from across the NHS and with our partners. An ICS brings together local organisations to redesign care and improve population health, creating shared leadership and action. ICSs will be central to the delivery of the Long-Term Plan Breaking down traditional barriers between care institutions, teams and funding streams so as to support the increasing number of people with long-term health conditions Trusts and commissioners will agree the services that each organisation will provide and the cost they will reasonably incur in providing those services – ensuring these are affordable within the system's collective financial budgets. The NHS Assembly will bring together a range of organisations and individuals at regular intervals, to advise the boards of NHS England and NHS Improvement as part of the 'guiding coalition' to implement this Long-Term Plan redesign care across providers, support the move to more preventive and anticipatory care models,
Devolving more planning and decision-making regarding local allocation of resources to managed networks.	7.4 7.14	Local implementation will be led by the clinicians and leaders who are directly accountable for patient care and making efficient use of public money. The creation of a joint commissioner provider committee in every ICS, which could operate as a transparent and publicly accountable Partnership Board.
Financing systems which enable resources to follow families through pathways and networks coupled with the introduction of programme budgeting, tariffs for long term conditions based on pathways, service line reporting and whole life costs.	7.7 7.9 7.14	The new way of working will draw together people and capabilities, resources, activities and leadership to collectively deliver greater value for the NHS and for patients. Trusts nor CCGs will pursue actions which, whilst potentially improving their institutional financial position, would result in a worse position for the system overall.

		Move away from activity-based tariffs where that makes sense, facilitate better integration of care
Integrating public health approaches to all forms of prevention across all pathways to prevent future morbidity.	7.14 1.2 1.4 2.2 2.7 5.17	Make it easier to commission Section 7A public health services as part of a bundle with other related services, on a nationally consistent basis; The longstanding aim has been to prevent as much illness as possible. Population health management', using predictive prevention (linked to new opportunities for tailored screening, case finding and early diagnosis) to better support people to stay healthy and avoid illness complications; Improving upstream prevention of avoidable illness and its exacerbations The role of the NHS includes secondary prevention, by detecting disease early, preventing deterioration of health and reducing symptoms to improve quality of life Supporting moves towards prevention and support, we will go faster for community-based staff.

Providers

Family Friendly Framework	ref	NHS Long-Term Plan
The development of managed networks with a relentless focus on quality improvement.	7.6 4.50 4.52	Faster to adopt new innovations and service models and implement best practices that can improve quality and efficiency and reduce unwarranted variations in performance. Great quality care needs great leadership at all levels. do more to nurture the next generation of leaders
All provider organisations sharing the same knowledge base and approach to implementation of evidence-based guidelines, service improvement and the development and maintenance of competence of practitioners and their teams.	7.3	We will however require all NHS organisations delivering health services to adopt interventions proven to deliver benefits for patients and staff.
Shared quality improvement approaches across organisations based on continuous learning through knowledge acquisition, innovation and evaluation.	7.6 3.119	Systematic methods of Quality Improvement (QI) provide an evidence-based approach for improving every aspect of how the NHS operates. We will invest in spreading innovation between organisations.
Workforce planning based on the right skill mix to ensure competent teams working within networks and effective network management.	4.3 4.9.	Supporting and developing staff, NHS employers can make an immediate difference to retaining the skills, expertise and care their patients need. Our aim is to ensure a sustainable overall balance between supply and demand across all staff groups.

Regulators

Family Friendly Framework	ref	NHS Long-Term Plan
Regulation based on pathways and networks, rather than organisations, to ensure overall value for money across the whole patient journey.	7.7	A reorientation away from principally relying on arms-length regulation and performance management to supporting service improvement and transformation across systems and within providers;

Greater emphasis on both equity of access and equity of outcomes and reducing variations.	6.3 6.3	The NHS will reduce the growth in demand for care through better integration and prevention; The NHS will reduce variation across the health system, improving providers' financial and operational performance;
Bringing together quality and economic regulators across different agencies, using a shared approach for measurement and improvement to achieve a greater value.	7.14	Make it easier for NHS England and NHS Improvement to work more closely together.
A focus on embedding learning and sharing improvement rather than inspection alone.	7.10	NHS which is deeply interconnected, leaders in all parts of the NHS will be encouraged to support one another across and beyond their organisations.

Families

Family Friendly Framework	ref	NHS Long-Term Plan
Emphasis on co-production of health between families and the providers of services, based on better information, practical support and incentives.	7.14 4.53.	We propose to protect and strengthen patient choice and control, including through our wider programme to deliver personalised care; We will do more to develop and embed cultures of compassion, inclusion, and collaboration across the NHS.
Greater participation in decision-making at all levels within the system, individual decisions, service improvement and policy development.	7.15	Engagement, advice and experience of clinical experts, other stakeholders, patients and the public has been integral at all points of the developing the Plan.
More involvement of family support organisations in the development of pathways, standards, measures and improvement.	7.17	We will build on the open and consultative process that this Plan is built on, and strengthen the ability of patients, professionals and the public to contribute, by establishing an NHS Assembly
Increased focus on strategies to enable greater resilience in children and their families, particularly for those living in disadvantaged circumstances.	1.4 2.3 2.24	NHS is to make further progress on prevention, on inequalities reduction, and on responsiveness to the diverse people who use and fund our health service a comprehensive approach to preventing ill-health also depends on action that only individuals, companies, communities and national government can take to tackle wider threats to health, and ensure health is hardwired into social and economic policy For reasons both of fairness and of overall outcomes improvement, the NHS Long Term Plan therefore takes a more concerted and systematic approach to reducing health inequalities and addressing unwarranted variation in care.

Reflections.

The NHS Long-Term Plan is a remarkable document that signals a significant change in direction in the way that the NHS does business without a wasteful internal market. In many ways it re-establishes the core values within the NHS of doing the greatest good for the greatest number with the resources available. It recognises that improving outcomes, reducing variations in care, tackling inequalities and improving population health is all core NHS business. To achieve this NHS organisations must collaborate and put the needs of patients before the needs of business and collaborate closely with a range of local organisations to create healthy and sustainable communities in which all people have the best opportunities to participate and benefit.

Central to this new era is the development of patient pathways (mentioned 30 times) delivered through networks (mentioned 50 times) that are integrated (mentioned 40 times) with all professional groups, organisations, financial flows and policy initiatives working together to support this general direction of travel of improving outcomes.

Prevention of ill health, prevention of comorbidities and prevention of medical errors are all essential to more effective, efficient and equitable care that is supported by the NHS as an organisation which has the capacity to learn from experience and then share, adopt and adapt new ways of delivering care.

To achieve this will require possible legislative changes (7.14) including:

- new duties to promote the 'triple aim' of better health for everyone, better care for all patients, and sustainability, both for their local NHS system and for the wider NHS.
- repeal of NHS trust legislation in 2012
- remove the Competition and Markets Authority's (CMA) duties, introduced by the 2012 Act,
- dispensing with Monitor's 2012 Act competition roles
- repealing the specific procurement requirements in the Health and Social Care 2012 Act.

This move away from competition as the predominant driver of improvement will require careful rethinking of payment systems away from activity-based payments towards population health-based payments that incentivise the development of integrated care across the different organisations that contribute to the clinical network. ICSs will also be supported by health management tools and an integration index that will enable the identification and experience of groups at risk of adverse health outcomes to support the "concerted and systematic" promise to tackle inequalities.

Achieving the vision of the NHS Long-Term Plan will not be easy in a largely neo-libertarian, free market economy that has been encouraged within the NHS for more than a decade. However, many people in society are now beginning to question whether a capitalist economy can really deliver benefits for the human race and the ecosystem without creating increasing inequalities within and between nations, without creating climate change and depleting natural resources with unsustainable mountains of waste. The NHS is a natural home for moving away from a free market to a more socially directed economy.

The NHS LTP acknowledges the need for a high-quality workforce, competent to undertake the work they do using the best possible evidence, committed to learning from continuous quality improvement throughout their lifetimes and dedicated to improving the patient experience of the care they provide. Of particular note is the need to develop leadership capacity in order to embed new cultural values throughout health organisations and the development of an "NHS leadership code" to facilitate this process.

The emphasis on prevention throughout the system is welcome, as is the appendix considering health and the environment which covers both built and natural environment and a commitment to sustainable development.

Implications for community child health services.

- The boost in resources for out-of-hospital care is welcomed at a time when maintaining community child health services throughout a period of austerity has been extremely challenging.
- However this investment comes with the assumption that community services and primary care come together to provide comprehensive clinical care to a larger population (presumably CCG's approximately equivalent to a DGH catchment area. The remit of this integrated care service will

be to develop seamless care both within the NHS and with partner organisations who contribute to the pathway.

- Tackling determinants of health, organising preventative programmes and implementing best practice will be central to their new roles again with their partner organisations in public, private and voluntary sectors.
- This integrated care will be supported by moving the resource distribution functions of commissioners closer to the clinical front-line, without organisations putting self-interest first (finances follow patients).
- There will be increasing merger of commissioning and providing functions within integrated care systems (probably better called integrated health systems).
- There will be a greater emphasis on quality improvement being an integral part of service delivery supported by better data collection, analysis and information on outcomes and variations.
- People and partner participation in all aspects of planning, delivery and improvement will become the norm.

Implications for paediatricians.

- Paediatricians working in community child health services are the natural leaders of networks that must develop between traditional primary care and local hospital services.
- They are at the centre of the “triple integration” agenda, between hospital and primary care, health and social care (not forgetting education) and physical and mental health services.
- They will be in a strong position to work with commissioners and embed new ways of working within integrated services.
- Paediatricians also have a wide set of clinical competences that have the potential to be shared within traditional primary care staff in order to expand their roles and responsibilities in the reformed world envisaged within the long-term plan. Paediatricians must more effectively advocate for investment for children, who will continue to compete for resources with other groups, particularly the elderly.

Challenges for implementation.

The primary clinical priorities for the NHS Long-Term Plan must be to improve the care of the elderly and those with multiple morbidities together with reducing unnecessary use of NHS emergency services and integrating mental health services with traditional physical health services. These priorities also apply equally to children particularly those with complex long-term conditions, but numerically they are much smaller group than the over 65’s and there is a risk that new community investment does not reach children and families.

The development of comprehensive community teams will take time and requires visionary leadership, communication and trust during the process of transition, coupled with evaluation and a system to learn from others in order and to overcome inevitable hurdles.

The NHS Long-Term Plan does not explicitly describe the role for public health practitioners within the NHS (as in England they are employed by Local Authorities) but does describe the importance of population health management as being an integral part of NHS provision. Together with the relentless focus on all forms of prevention this will create roles for those with public health training coupled with clinical training. There will be a need to recognise these public health competencies/capabilities within the workforce development plan as public health/population competences are rarely included within clinical training.

Local Authority services are excluded from the NHS long-term plan so in effective it is an NHS plan rather than a whole systems health plan which encourages greater NHS participation in improving population health and reducing inequalities. The public health workforce and public health resource/capacity within Local Authorities in England has been significantly diminished since the transfer to Local Authorities due to the reduction in the prevention budgets in LAs. While there is a commitment to investment in prevention within the NHS Long-Term Plan this needs to be matched by an increase in the prevention budget in LAs. Overall the expansion of public health capacity is not specifically mentioned. Local Authority public health spending and social care are also excluded.

Conclusions

This is a bold vision for the NHS and the move away from a clinical market economy is welcomed. The proposals are congruent with the direction of travel proposed by the BACCH/BACAPH Family Friendly Framework and are therefore welcomed.

Next steps (BACCH)

The BACCH workplan for 2019 has pre-empted many of these proposals and consists of:

1. developing measures based on pathways to improve outcomes for children and families
2. working with commissioners to find ways of effectively delivering pathways and networks of care
3. improving the leadership capacity within community child health services
4. embedding learning that drives improvement throughout services.

References

- NHS Long-Term Plan. https://www.longtermplan.nhs.uk/ https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/
- BACCH 2012. The meaning of integrated care for children and families.
- BACCH/BACAPH 2014. The Family Friendly Framework.

April 2019

British Association. for Community Child
5-11 Theobalds Road
London, WC1X 8SH

Tel. 020 7092 6082/4
Email. bacch@rcpch.ac.uk
Twitter. @commchildhealth
www.bacch.org.uk

BACCH is an incorporated charity limited by guarantee in England & Wales: Charity number: 1129758, Company number: 6738129