



## Introduction to the NHS Long Term Plan

*The NHS Long-Term Plan is 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

The NHS Long-Term Plan is a very welcome change in direction for the NHS and it is important to understand the reasoning for this and the implications for the delivery of services to children and families. This paper introduces the NHS Long-Term Plan and will be followed by a series of papers and PowerPoint presentations that will form the skeleton of the BACCH and BACAPH Improving Services Series (B-BISS pronounced ‘bee-biss’).

BACAPH and BACCH published the Family Friendly Framework in 2014 in response to increasing concerns about the fragmentation of children’s services following the introduction of more competition and contestability driven by the Health and Social Care Act 2012 then coupled with the simultaneous implementation of austerity measures. It had been preceded by the BACCH paper on “The meaning of integrated care for children and families” back in 2012.

The central tenet of both papers was that services should be designed around the child and their family, common journeys being 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, which includes 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 within service delivery and developing information systems to reduce unnecessary 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 negative social or environmental impacts for future generations.

In many ways the NHS Long-Term Plan reinforces the original values intended for the NHS as being the service available to everyone, free at the point of contact and delivering high-quality care.

## **The NHS Long-Term Plan - a brief summary**

**Chapter One:** sets out how the NHS will move to a new service model in which patients have more choice, better support and properly joined-up care, at the right time and in the right place.

**Chapter Two:** sets out new, funded, action the NHS will take to strengthen its contribution to prevention and tackling health inequalities to improve equity of outcomes.

**Chapter Three:** sets the NHS's priorities for care quality and improving outcomes and reducing unnecessary variations for the decade ahead.

**Chapter Four:** sets out the importance of a competent workforce and how current workforce pressures will be tackled and staff supported.

**Chapter Five:** sets out a wide-ranging and funded programme to upgrade technology and digitally enabled care across the NHS including predictive techniques to optimise population care.

**Chapter Six:** sets out how the 3.4% five year NHS funding settlement will help put the NHS back onto a sustainable financial path including reforms of payment systems and incentives.

**Chapter Seven:** explains next steps in implementing the Long Term Plan and is the focus of the remainder of this paper.

The clinical issues which have been summarised by the RCPCH in NHS Long Term Plan - A summary of child health proposals

(<https://www.rcpch.ac.uk/resources/nhs-long-term-plan-summary-child-health-proposals>)

## **The NHS Long-Term Plan - a comparison with BACCH aspirations**

The Family Friendly Framework executive summary helpfully provides four essential 'implication criteria' for each group-planners, providers, commissioners and families. (<https://www.bacch.org.uk/resources/47-family-friendly-framework>) A comparison of the Family Friendly Framework and the NHS Long-Term Plan is included as an appendix.

## **The NHS Long-Term Plan - reflections for community child health practice**

The NHS Long-Term Plan signals a significant change in the direction in the way that the NHS does business with less emphasis on an internal market. In many ways it re-establishes the core NHS values of doing the greatest good for the greatest number with the resources available with a significant new emphasis on prevention, health promotion/protection and quality improvement. It recognises that improving outcomes, reducing variations in care, tackling inequalities and improving population health is all core NHS business. It recognises that to achieve this NHS organisations must put the needs of patients before the demands of NHS organisational interests and collaborate more 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 professional groups, organisations, financial flows and policy initiatives all working together to support the general direction of travel to improve outcomes and equity (organisational alignment and synergy).

Prevention of ill health, prevention of comorbidities and prevention of errors within clinical care are all essential to create a 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 better care.

To achieve this may require 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 2012,
- remove the Competition and Markets Authority’s (CMA) duties, introduced by the 2012 Act,
- dispensing with the 2012 Act competition roles,
- repealing the specific procurement requirements in the Health and Social Care 2012 Act.

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.

Achieving the vision of the NHS Long-Term Plan will not be easy in a competitive culture that has been encouraged within the NHS for more than a decade. The challenge is to find an optimal point that balances effectiveness and equity within the system which also contributes to eco-social harmony around the organisation and links with and sustainable development. The NHS should be a natural home for a more socially directed economy dedicated to improving population well-being, resilience and health.

The emphasis on prevention throughout the system is welcome, as is the appendix about health and the environment which covers both built and natural environment and a commitment to reducing the carbon footprint of the NHS and sustainable development.

### **Implications for community child health services**

- The boost in resources for out-of-hospital care is welcome at a time when maintaining community child health services throughout a period of austerity has been extremely challenging.
- This investment comes with the assumption that community services and primary care come together to provide comprehensive clinical care to a larger population (presumably approximately equivalent to a DGH catchment area). The remit of this new integrated care/health system 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 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 financial self-interest first (finances follow patients).
- There will be increasing mergers 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 their 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 one of the natural leaders of family orientated networks that should develop between traditional primary care and local hospital services.
- Their work is 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 (particularly pathways and networks) within integrated services.
- Paediatricians also have a wide set of clinical competences that have the potential to be shared with traditional primary care staff in order to expand their roles and responsibilities in the system envisaged within the Long-Term Plan.

- Paediatricians will also need to more effectively advocate for investment for children, who will continue to compete for resources with other groups, particularly the elderly.

### **Challenges for implementation**

The clinical priorities for the NHS Long-Term Plan are the high cost areas which are care of the elderly, those with multiple morbidities, reducing use of NHS emergency services and integrating mental health services with traditional physical health services. These priorities apply equally to children particularly those with complex long-term conditions, but numerically they are a much smaller group than the over 65's and therefore there is a risk that any new community investment will 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 ongoing evaluation and a collaborative learning system to overcome the inevitable hurdles.

The NHS Long-Term Plan does not explicitly describe the role for public health practitioners within the NHS but does begin to describe the responsibilities of health care providers for population health management. Together with the focus on all forms of prevention this will create roles for those with public health training coupled with clinical training. This should be recognised within workforce development plans as public health/population and leadership competences are rarely included within clinical training.

Local Authority services are excluded from the NHS Long-Term Plan so in effect 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 overall public health workforce and public health resource/capacity in England has been significantly diminished since the transfer to Local Authorities due to the reduction in the budget for prevention. 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 and Local Authority based public health spending and social care are also excluded.

### **Conclusions**

This is a bold vision for the NHS and the move away from a 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. The implications of individual chapters of the NHS Long-Term Plan are included as an appendix.

BACCH and BACAPH strongly support the direction of travel outlined in the NHS Long-Term Plan and intend to support members in the implementation of the Plan through a series of practical mini modules that formed the BACCH and BACAPH Improving Services Series. (<https://www.bacch.org.uk/resources/101-the-bacch-and-bacaph-improving-services-series-b-biss>)

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## **Appendixes**

### **Appendix 1. Summary of the NHS Long-Term Plan with implications for community child health services**

**Chapter One: sets out how the NHS will move to a new service model in which patients get more options, better support, and properly joined-up care at the right time in the right setting.**

GP practices will be encouraged to join together to provide a greater variety of services for a population of 30-50,000 people. This will enable them to work closely with community health teams and social care staff covering a similar population. Predominantly they should provide benefits for the care of the elderly and proactive management of existing conditions with more personalised care plans should reduce unnecessary hospital admissions.

This aspiration will be backed with financial investment (estimates of 4.5 billion annually by 2023) for primary medical and community services growing faster than the overall NHS budget.

***Community child health teams should start thinking about how they can link with groups of traditional primary care teams to provide a better service for children and families, especially those with long-term conditions.***

**Chapter Two: sets out new, funded, action the NHS will take to strengthen its contribution to prevention and health inequalities.**

Wider action on prevention will be announced in the prevention green paper to tackle health determinants and lifestyles to prevent problems and improve quality-of-life. Health will be seen as an asset to the economy.

The NHS will be funded to deliver new evidence-based prevention programmes aimed particularly at those conditions seen frequently in the NHS for example obesity and smoking.

Reducing variations and improving inequities of health outcomes are high on the agenda.

***Community child health teams should particularly focus on smoking in pregnancy, mental health outcomes of children and young people and support for neurodevelopmental and autistic spectrum disorders.***

**Chapter Three: sets the NHS's priorities for care quality and outcomes improvement for the decade ahead.**

The NHS long-term plan recognises there is unmet need, unexplained local variation, and undoubted opportunities for health improvement so the Plan goes further on the NHS Five Year Forward View's focus on cancer, mental health, diabetes, multimorbidity and healthy ageing including dementia and extends its focus to children's health, cardiovascular and respiratory conditions, and learning disability and autism, all of which start in childhood.

The plan makes a renewed commitment that mental health services will grow faster than the overall NHS budget, creating a new ringfenced local investment fund worth at least £2.3 billion a year by 2023/24. This will enable further service expansion and faster access to community and crisis mental health services for both adults and particularly children and young people.

The Long Term Plan will be backed by action on workforce, technology, innovation and efficiency, as well as the NHS' overall 'system architecture'.

***Community child health teams will need to engage with discussions about intervention starting in childhood that eventually will reduce the burden of disease in adult hood. This is particularly true for mental health problems, obesity and various forms of substance misuse including tobacco.***

**Chapter Four: sets out how current workforce pressures will be tackled and staff supported.**

The NHS Long-Term Plan recognises the importance of maintaining and developing a high quality staff to deliver high quality services. Plans are outlined to improve training, recruitment from overseas, and offer more flexible contracts particularly for nursing staff. A workforce plan from health education England will be expected by the end of 2019. New roles and inter-disciplinary credentialing programmes will enable more workforce flexibility across an individual's NHS career and between individual staff groups. The new primary care networks will provide flexible options for GPs and wider primary care teams.

***Community child health teams must ensure that their local workforce planning for paediatricians and child health teams are accurate and well evidenced, recognising the importance of skill mix in wider community teams that work closely with primary care.***

**Chapter Five: sets out a wide-ranging and funded programme to upgrade technology and digitally enabled care across the NHS.**

To enable clinicians and patients and their carers can better manage their health and condition clinical records must be available where ever people or services are and linked with decision support systems. In the longer term it is hoped that predictive technique support local Integrated Care Systems to plan and optimise care for their populations.

***Community child health teams should review their clinical and administrative information systems in order to take advantage of new ways of working. The clinical data recorded must be able to be used for quality improvement such as improving outcomes and equity of outcomes.***

**Chapter Six: sets out how the 3.4% five year NHS funding settlement will help put the NHS back onto a sustainable financial path.**

The NHS Long Term Plan recognises the current financial pressures across the NHS, which are a first call on extra funds. However there is inevitable continuing demand from the growing aging population, increasing concern about areas of longstanding unmet need, and the expanding frontiers of medical science and innovation.

The plan outlines the need to drive efficiencies - all of which are then available to reinvest in frontline care. The Plan also lays out major reforms to the NHS' financial architecture, payment systems and incentives.

***Community child health teams must keep ahead of the major reforms to payment systems and incentives. It is likely that individual tariffs will reduce and payment based on improved outcomes and improving equity based on population measures will be the NHS currency in the future. Ensuring that appropriate measures that represent the delivery of services to children and families will need to be developed.***

**Chapter Seven: explains next steps in implementing the Long Term Plan.**

The plan establishes a new NHS Assembly to represent the interests of patients, professionals and the public. A detailed national implementation programme will be developed to inform the Government Spending Review decisions on workforce education and training budgets, social care, councils' public health services and NHS capital investment.

This will require changes to the primary legislation following the health and social care act to enable a more collaborative rather than competitive approach to be adopted with in the NHS and with its respective partners to support the development of integrated health systems.

The intention is to achieve the 'triple integration' between primary and specialist care, physical and mental health services, and health with social care.

***Community child health teams need to ensure their voice is heard in discussions about integrated health systems since they have considerable experience of delivering health services in out of hospital settings closely with social care and education elements of local authority provision. Of particular importance is the development of care pathways to create equitable outcomes and population approaches to improve the health of children and families.***

## Appendix 2. Comparison of the Family Friendly Framework and the NHS Long-Term Plan

### Planners and commissioners

Family Friendly Framework	ref	NHS Long-Term Plan
<p>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.</p>	<p>7.1.  1.50  7.5  1.4  7.8  7.17</p>	<p>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.</p> <p>An ICS brings together local organisations to redesign care and improve population health, creating shared leadership and action.</p> <p>ICSs will be central to the delivery of the Long Term Plan</p> <p>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</p> <p>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.</p> <p>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</p> <p>redesign care across providers, support the move to more preventive and anticipatory care models</p>
<p>Devolving more planning and decision-making regarding local allocation of resources to managed networks.</p>	<p>7.4  7.14</p>	<p>Local implementation will be led by the clinicians and leaders who are directly accountable for patient care and making efficient use of public money.</p> <p>The creation of a joint commissioner provider committee in every ICS, which could operate as a transparent and publicly accountable Partnership Board.</p>
<p>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.</p>	<p>7.7  7.9  7.14</p>	<p>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</p> <p>Neither trusts nor CCGs will pursue actions which, whilst potentially improving their institutional financial position, would result in a worse position for the system overall.</p> <p>Move away from activity-based tariffs where that makes sense, facilitate better integration of care</p>

Integrating public health approaches to all forms of prevention across all pathways to prevent future morbidity.	7.14	Make it easier to commission Section 7A public health services as part of a bundle with other related services, on a nationally consistent basis;
	1.2	The longstanding aim has been to prevent as much illness as possible.
	1.4	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;
	2.2	improving upstream prevention of avoidable illness and its exacerbations
	2.7	The role of the NHS includes secondary prevention, by detecting disease early, preventing deterioration of health and reducing symptoms to improve quality of life
	5.17	Supporting moves towards prevention and support, we will go faster for community-based staff.

**Providers**

<b>Family Friendly Framework</b>	<b>ref</b>	<b>NHS Long-Term Plan</b>
The development of managed networks with a relentless focus on quality improvement.	7.6	Faster to adopt new innovations and service models and implement best practices that can improve quality and efficiency and reduce unwarranted variations in performance.
	4.50	Great quality care needs great leadership at all levels.
	4.52	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	Systematic methods of Quality Improvement (QI) provide an evidence-based approach for improving every aspect of how the NHS operates.
	3.119	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	Supporting and developing staff, NHS employers can make an immediate difference to retaining the skills, expertise and care their patients need.
	4.9.	Our aim is to ensure a sustainable overall balance between supply and demand across all staff groups.

**Regulators**

<b>Family Friendly Framework</b>	<b>ref</b>	<b>NHS Long-Term Plan</b>
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**

<b>Family Friendly Framework</b>	<b>ref</b>	<b>NHS Long-Term Plan</b>
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	1.4	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

those living in disadvantaged circumstances.	2.3  2.24	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.
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