



The voice of NHS leadership

On the day briefing

NHS Confederation response to the Implementation Framework

Summary

This document is designed to give NHS Confederation members and system leaders a quick introduction to the NHS Long Term Plan Implementation Framework.

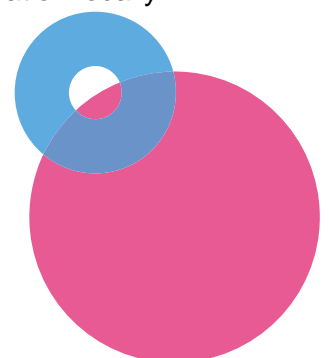
The framework sets out the detailed asks of sustainability and transformation partnerships (STPs) and integrated care systems (ICSs) to deliver the NHS Long Term Plan commitments and **agree five-year strategic plans by November 2019** covering the period 2019/20 to 2023/24. These individual system plans will be brought together and published as part of a **national implementation plan** by the end of the year.

The framework includes a set of **national ‘fundamental service changes’** and productivity ambitions which must be delivered in line with nationally defined timetables and trajectories. Outside of these national priorities, **systems are being given some freedoms** to set local priorities and agree the pace of delivery based on the needs of their local population, recognising that all of the Long Term Plan commitments need to be delivered by the end of the five-year period. The framework also sets out a series of **headline measures** which will be used to assess the service’s success. Systems will be expected to show how they will make progress against these measures.

The framework reiterates the principles that STPs and ICSs are expected to adhere to:

- **clinically led** with senior clinicians leading development of implementation proposals
- **locally owned**, building on existing engagement with local communities with local government as a key partner
- **realistic workforce planning**, building on the Interim People Plan
- **financially balanced**, meeting the five financial tests set out nationally
- **delivery of all commitments** in the Long Term Plan and national access standards
- **phased based on local need**, with the exception of some national ‘foundational requirements’
- **reducing local health inequalities** and unwarranted variation.
- **Focussed on prevention** and considering not just how to deliver health services but how to prevent ill health
- **Engaged with local authorities** and developed in conjunction with local authorities and with consideration of the need to integrate with relevant local authority services
- **Driving innovation** - all system plans must consider how to harness innovation locally.

Regional directors will have an important role in agreeing system plans and will seek greater levels of detail from systems on their anticipated trajectories and areas where faster progress is required. National and regional teams will work together to support systems and ensure that system plans are credible.



The framework provides **an overview of additional funding** that will be made available to support specific Long Term Plan commitments. This funding is split into:

- funding that will be made available on a **'fair share'** basis, with each system given an indicative additional allocation. Access to this funding will be conditional on strategic plans being agreed with regional teams. More advanced systems will have greater flexibility on how these resources can be deployed
- **targeted funding** based on specific needs or where a local system acts as a testing site for new approaches or interventions. Access to this funding will be confirmed by the individual national programme teams.

Detailed discussion

Chapters are mapped against the Implementation Framework document for ease of reference.

Chapter 2 – Delivering a new service model for the 21st century

The framework sets out the nationally-set 'fundamental service changes' where all systems will be expected to set out five-year trajectories for meeting the commitments set out in the Long Term Plan. These cover:

- **transformed 'out-of-hospital' care and fully integrated community-based care**, including: meeting the new funding guarantee for primary and community care; supporting the development of primary care networks (PCNs); improving the responsiveness of community health crisis response services and reablement care; and implementing service improvements and achieving impact
- **reducing pressure on emergency hospital services**
- **giving people more control over their own health and more personalised care**, implementing all six components of the NHS Comprehensive Model for Personalised Care
- **digitally-enabling primary care and outpatient care**
- **improving cancer outcomes**, working with cancer alliances
- **improving mental health services**, with investment in mental health growing faster than the NHS budget overall for each of the next five years, and children and young people's mental health services growing faster than both overall NHS funding and total mental health spending
- **shorter waits for planned care**, including ensuring that no patient has to wait more than 52-weeks from referral to treatment.

Chapter 3 – Increasing the focus on population health: moving to integrated care systems everywhere

The framework reiterates the ambition for all STPs to reach **ICS status by April 2021** and sets out the characteristic of a mature ICS (based on the published ICS maturity matrix). ICSs are expected to have a coherent and defined population where possible contiguous with local authority boundaries. For systems where the current geographical footprint isn't working, either the system or local authority can formally notify NHS England/Improvement via their regional director by 31 July 2019.

The framework anticipates further changes in the provider and commissioner landscape and confirms that further guidance for **aspirant provider groups** will be published later in 2019, followed by a 'fast-track' approach to assessing transactions for groups in the second half of 2020. The Integrated Care Provider Contract is expected to be published in summer 2019 and guidance is available on the freedoms and flexibilities that will be available for ICSs as they mature.

The framework reiterates the role of primary care networks. PCNs will assess their maturity in 2019/20 and will be expected to select specific projects to improve care for their population and drive local collaboration. The anticipated expansion of primary care teams is set out, supported by a network of primary care and community training hubs which all STPs and ICSs will have access to by March 2020. A national PCN development programme will provide fair shares funding and support to local systems, including leadership development support to the new clinical directors.

Chapters 4 and 5 – More NHS action on prevention and Delivering further progress on care quality and outcomes

These chapters set out the wider commitments included in the Long Term Plan, but where systems are able to prioritise and phase activity to reflect local needs. The framework acknowledges that systems will have different starting points or may require national enabling actions before improvements can be made at scale. A range of fair shares and targeted funding is being made available nationally to support a variety of service improvements in areas such as smoking cessation services, maternity and neonatal services, services for children and young people, learning disabilities and autism and better care for major health conditions.

Chapter 6 – Giving NHS staff the backing they need

The framework refers to the recently published Interim People Plan, and confirms that systems will need to set out specific action to:

- **make the NHS the best place to work**, including setting targets for black and minority ethnic (BME) representation across its leadership team and broader workforce by 2021/22, improving mental and physical health and wellbeing, and enabling flexible working.
- **improve leadership culture**, including implementing system-wide processes for managing and supporting talent and developing a compassionate and inclusive leadership culture
- **deliver a holistic approach to workforce transformation and growth**, with system plans setting out workforce growth planned for different groups and demonstrating the action to be taken to improve retention and workforce efficiency
- **change the workforce operating model**, as part of ICSs' growing responsibility for workforce and people activities

Chapter 7 – Delivering digitally-enabled care across the NHS

Systems will be expected to develop a digital strategy and investment plan, which includes their approach to ensuring that all secondary care providers are fully digitised by the end of 2024 and that these are integrated with other parts of the health and care system through a local shared health and

care record platform. NHSX will provide guidance and support to accelerate progress, with a priority to define and mandate technology standards and ensuring that all publicly funded source code is open by default. All NHS organisations are expected to ensure 100 per cent compliance with mandated cyber security standards by summer 2021, with work overseen by NHSX. By 2021/22, all NHS organisations will have a chief clinical information officer (CCIO) or chief information officer (CIO) on their board. Central funding (revenue and capital) will support delivery of these strategies, with access managed through regional teams.

Chapter 8 – Using taxpayers’ investment to maximum effect

Five-year clinical commissioning group allocations covering the period to 2023/24 were published in January. This will be complemented with:

- additional funding allocations distributed to all systems on a **fair shares basis** (which are set out alongside the framework)
- an indication of **targeted funding** which will be deployed against specific Long Term Plan commitments with access through regions and national programmes
- indicative provider-level figures for specialised commissioning funding
- indicative planning assumptions for pay, non-pay and drugs costs and the indicative tariff uplift.

Systems plans will need to show how they will meet the five government tests set out in the Long Term Plan:

- financial recovery plans for individual organisations in deficit against specific deficit recovery trajectories
- actions to achieve cash releasing productivity growth of 1.1 per annum
- actions to moderate the growth in demand for care
- reduction of unwarranted variation across the health system
- making better use of capital investment.

Next steps

The framework sets out a national timetable for strategic system planning, with initial plans to be submitted by **27 September 2019** with a final submission by **15 November 2019**. Plans are expected to fully align across the organisations within each system so that they can be translated into organisational plans for 2020/21 which will be submitted in early 2020.

Systems will be required to submit a strategy delivery plan supported by a set of plans for workforce and activity, to be delivered within the local financial allocation.

Support for systems will be coordinated by regional teams, and regions will also encourage and enable facilitated peer review.

Systems are expected to demonstrate how they have ensured that their plans are clinically led and developed with the full engagement of local stakeholders.

The NHS Confederation perspective

We have carried out a great deal of engagement with our members and system leaders across England, who have told us what they are looking for and what they require from the Long Term Plan and the Implementation Framework. The commentary below focuses on the issues and views expressed to us during this process.

We welcome the focus on system working, place-based partnerships and a less centralised framework that will allow NHS leaders to co-design solutions that meet the needs of local communities. This framework supports the appetite to move away from a centrally determined set of priorities, to whole health and wellbeing systems that are built by local partnerships from the bottom up. It will be important to uphold this principle of local system leadership, flexibilities and autonomy throughout the upcoming years, enabled by a supportive, improvement culture.

It is also encouraging to see health inequalities and prevention featuring prominently in the document, and while we would like to see more acknowledgement of the important role that the wider determinants of health play in creating healthy communities, the permissive nature of this framework is a significant step forward for the NHS in England.

The following areas will need further consideration over the coming months:

1. We need to support and develop the engine room of STP and ICS partnerships

The framework reinforces the critical role that systems have in the delivery of the Long Term Plan and ICS partnership teams will be critical to the delivery of this process. 'At present many systems are reliant on fragile staffing arrangements comprising a mixture of secondments and people on short-term contracts. More thought needs to be given to how we ensure stable and sustainable resourcing models for systems that enable them to provide the support that whole system partnership working needs.

2. Unfinished business: the need to invest in the whole health and care system

The framework contains several references to the upcoming spending review, and the unclear impact on central government funding in the future. Our report [Unfinished business: The need to invest in the whole health and care system](#) makes it clear that our members cannot deliver the Long Term Plan in isolation. The success of the plan is dependent on completing and providing adequate investment in social care, capital, public health, workforce, and local government as part of any future government spending review.

We also note the approach to financial profiling that exists within the guidance. In particular, the extent to which funding is back-loaded to the later years of the plan could inhibit the ability of some systems to deliver the improvements needed in the Long Term Plan.

3. We need NHS England/Improvement regional teams that enable local systems to flourish

NHS Confederation members welcome the framework's permissive approach that will allow local partnerships to build solutions that are appropriate to their communities, in line with our report [Letting local systems lead](#). The framework emphasises the key importance of the new NHS England/Improvement regional teams and describes the role that these teams will have in approving plans, setting targets and trajectories. We need to ensure that regional teams do not become the mechanism by which national clinical teams direct and performance manage the activities of ICS partnerships, but instead become active partners and enablers of new locally led healthcare systems, with flexibilities to make local decisions that benefit local communities.

4. We need to guard against the creation of a two-tier system

There is a risk that the relative starting points of different partnerships will leave some areas behind the ICS development curve. Regional teams will need to play a significant role in supporting the systems that are not as advanced in their development and who have not received additional transformation monies.

5. We need to balance centrally determined priorities, with locally led solutions

We welcome the freedoms to prioritise locally contained in the framework. Local partnerships are built by a coalition of the willing drawn from all parts of the public, private and community sectors. They are motivated and inspired by the opportunity to create local solutions, to innovate, integrate and work for the benefit of their local communities. This theme is important when considering the balance between national and regional NHS England/Improvement priorities, and locally driven partnership aims that may not always align.

We note, that a lot of funding is provided through the targeted delivery of national programmes. National clinical teams need to ensure that they run application, allocation and evaluation processes for this funding that are proportionate, simple to administer and maintain, and do not create unnecessary and complex layers of bureaucracy for local partnerships.

6. The timetable for the production of plans will struggle to clear governance processes, especially in local government.

Some ICSs will write a five-year plan quickly using thinking that builds on previous strategies. In some STPs more work will be required. It may be preferable to work at a slower pace in these areas to allow all members of the partnership to feel that their five-year plans are built bottom up and not imposed by NHS organisations on local populations. We need to learn from the original experiences of STP plans, that local partnerships need to genuinely own their strategies, and not feel that they are working to a timescale set by one part of the partnership. In these cases there should be a realistic conversation with regional teams that makes clear what it is practical to deliver by September.

NHS Clinical Commissioners perspective

We are pleased to have clarity on how clinical commissioners and others should now be planning to deliver the NHS long term plan. It is particularly helpful to see clearly which tasks should be prioritised – such as developing primary care networks – to provide a critical foundation for improving the health of the nation. There is also useful detail about funding above CCG allocations – so our members now know what will be available and how.

There is a lot of work to do in a short time scale. Wide engagement is a fundamental part of designing robust plans that work for local populations so the September deadline – and for many CCGs coinciding with their engagement activities on plans to merge – means it's a significant challenge. Combining these discussions will be vital.

“We are working closely with NHS England and Improvement to support our members to deliver the priorities of the long term plan, including sharing learning with CCGs considering merging and setting out how clinical commissioning will evolve within systems. We hope this helps with systems in describing how they see the clinical commissioner landscape developing.”

[Read NHS Clinical Commissioners statement.](#)