



**CABINET – 8 FEBRUARY 2018**

**THE NHS LONG TERM PLAN**

**JOINT REPORT OF THE DIRECTOR OF HEALTH AND CARE  
INTEGRATION, THE DIRECTOR OF ADULTS AND COMMUNITIES  
AND THE DIRECTOR OF PUBLIC HEALTH**

**PART A**

**Purpose of the Report**

1. The purpose of this report is to:
  - a. Summarise some of the high level commitments in the NHS Long Term Plan
  - b. Provide an initial analysis of those which are likely to have implications for the County Council, particularly in terms of joint working with NHS partners, given the ongoing transformation and integration of health and care services.

**Recommendations**

2. The Cabinet is recommended to:
  - (a) Note the overall level of ambition of the NHS Long Term plan, having a large number of complex deliverables and milestones that will be challenging to deliver, nationally, locally, and financially;
  - (b) Note the initial analysis of the implications of the NHS Long Term Plan for the County Council;
  - (c) Welcome the definition of 'place' as described in the NHS Long Term Plan, as an Upper Tier Authority area;
  - (d) Note the importance of the role of the County Council in the delivery of improvements to health and wellbeing outcomes within the Leicestershire population, which relies on effective partnership working across the public sector, at neighbourhood, place and system levels;
  - (e) Confirm the County Council's ongoing commitment to work alongside the NHS in the further integration of health and care, both operationally and as a strategic commissioner of services;
  - (f) Authorise the Directors of Health and Care Integration, Public Health and Adults and Communities, following consultation with the relevant Cabinet Lead Members, to explore with the local NHS the development

of an Integrated Care System across Leicester, Leicestershire and Rutland, and determine the involvement and role of local authorities in this regard, including where further progress and efficiencies can be made via integrated commissioning and pooled budgets;

(g) Note, with concern:

- I. The uncertainties regarding the future funding arrangements for the Public Health Grant
- II. The lack of clarity in the commentary in the NHS Long Term plan around the NHS' future role in the planning and commissioning of health visiting, school nursing and sexual health services, currently commissioned by the County Council's Public Health Department;

(h) Draw this report and the County Council's initial analysis of the Plan to the attention of the local NHS.

### **Reasons for Recommendations**

3. The NHS Long Term Plan includes a number of areas which are likely to have an impact on the County Council, both in terms of joint working, operationally in the delivery of care, and as a strategic commissioner of services. In particular the Plan refers to a continued support to the "blending of health and social care budgets where councils and CCGs agree that this makes sense." Leicestershire County Council has a number of existing pooled budget arrangements including the Better Care Fund.
4. The NHS Long Term Plan states that each local area will become an Integrated Care System (ICS) organised into three 'tiers': system, place and neighbourhood. The place level is defined as equating to the area covered by an upper tier local authority. There is a clear expectation that local authorities will wish to participate in Integrated Care Systems. More detail on ICSs can be found in paragraphs 57 to 65 below.
5. NHS financial deficits are expected to be eliminated by 2023/24, which will present a major challenge to local NHS organisations. The NHS will also move away from organisational financial controls to system level controls. Full integration with the local NHS system would make the County Council vulnerable in this regard. More detail on the financial requirements set out in the Plan is at paragraphs 35 to 50.
6. In addition to the challenging level of financial ambition in the Long Term Plan, the stated expectation around digital developments is an example of another area which sets out a far greater level of ambition than currently set out in the Leicester, Leicestershire and Rutland digital roadmap. Similarly, without adequate resources, the renewed focus on prevention will be unachievable.
7. The NHS Long Term Plan indicates that the NHS has a desire for a greater role in the planning and commissioning of health visiting, school nursing and sexual health services, all of which are currently commissioned by the County Council's Public Health Department. However, there is a lack of clarity

nationally regarding what this role will entail. There is also a lack of clarity regarding the future of the Public Health Grant, expected to be resolved by the Comprehensive Spending Review.

### **Timetable for Decisions (including Scrutiny)**

8. A report from the Clinical Commissioning Groups (CCGs) on the implications of the NHS Long Term Plan for the local NHS system will be submitted to the Health Overview and Scrutiny Committee at its meeting on 13 March.
9. Each local NHS system is expected to respond to the Long Term Plan setting out its local implementation approach and financial plans during the Autumn of 2019. This is expected to be at the level of the existing Sustainability and Transformation Partnership (STP), i.e. Leicester, Leicestershire and Rutland, and there is also an expectation that the STP will have ownership of the Plan.
10. The NHS Long Term Plan is clearly a plan for the NHS. However, there is an expectation that partners, including the County Council, will be involved in responding to the requirements of the Plan. A further report will therefore be submitted to the Cabinet in due course, clarifying the expectation of the County Council and outlining its position in response to the Plan.
11. Although not specifically referenced in the Long Term Plan, there will be an important role for Health Overview and Scrutiny and Healthwatch in holding the system to account generally for the delivery of the Plan as a whole, and in representing the voice of patients and the public. Their involvement will also be needed in:
  - Scrutinising the detail of specific commitments within the plan
  - How these are funded and implemented locally
  - The engagement and consultation with the public
  - The impact on health outcomes and inequalities across Leicestershire.
12. It will also be important for the NHS to recognise the role of the executive members. Unfortunately, NHS references to local elected members are typically confined to the scrutiny role.

### **Policy Framework and Previous Decisions**

13. Local authorities have a duty arising from the Care Act 2014 to deliver joined up services for local people by integrating their services with health and other partners, both operationally and with respect to strategy and commissioning. The Department of Health and Social Care requires that each area has set a plan for integration between social care and the NHS for implementation by 2020/21.
14. Leicestershire's Better Care Fund Plan 2017-2019, which was approved by the Health and Wellbeing Board in June 2017, sets out the joint local vision statement for health and care integration as follows: *"We will create a strong, sustainable, person-centred, and integrated health and care system which improves outcomes for our citizens."*

15. It would appear the NHS Long Term Plan places no dependency on legislative change. However, it is currently being considered nationally if any changes to the 2012 Health and Social Care Act should be enacted in support of the Plan. Areas being considered include a re-examination of existing procurement and competition legislation, new measures or duties that would drive how different organisational entities within the NHS can work more effectively together.
16. In the meantime the document references a number of organisational, financial and contractual changes for NHS bodies that can be enacted as enablers to the plan, which will have significant implications for the NHS, and its partners.
17. Two other related and significant national policy documents are expected to be published in 2019, a green paper on the future of Adult Social Care and a green paper on Prevention. Further detail on these documents is included at paragraphs 30 to 32 of this report.

### **Resource Implications**

18. There is currently a lack of clarity regarding the implications that the NHS Long Term Plan will have on the resources of the County Council.
19. However, there is an existing policy and financial risk regarding the future of the Better Care Fund (BCF) which is currently undergoing a national policy review.
20. The Leicestershire BCF plan and pooled budget contributes £17m towards the sustainability of local adult social care services, a figure mandated by government within the current BCF policy framework.
21. In addition to this, the Leicestershire Better Care Fund contributes £5.4m of additional funding which commissions other LA services supporting prevention, management of demand and integrated services.
22. The Director of Corporate Resources and the Director of Law and Governance have been consulted on the content of this report.

### **Circulation under the Local Issues Alert Procedure**

23. None.

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## **PART B**

### **Background**

24. The new NHS Long Term Plan sets out a large number of public commitments to be delivered over a 10 year period.
25. The NHS Plan sets out significant developments covering improvements and investments to clinical care, including mental health and community services, a range of new digital developments, that all areas of the NHS in England will form Integrated Care Systems, and an expectation of further efficiencies, both at the front line of care and in back office services.
26. The detail of how this plan will be delivered is not yet available, but there are some key questions for the County Council to explore in response to the Plan, which are summarised in paragraph 71.
27. The County Council remains committed to working in partnership with the local NHS to integrate health and care, and will be seeking further clarity on the opportunities and risks presented by this plan, in particular in the areas of
  - a. Operational interdependency in its service models
  - b. Key enabling programmes such as workforce and digital developments
  - c. The approach to strategic commissioning for specific services/service users
  - d. Public health services and funding.

### **Policy Context**

28. The Plan seems silent on the NHS Constitution, a document which set out previous entitlements and commitments, such as treatment within specific referral times (18 weeks for planned care for example), and is renewed every 10 years, with the involvement of the public, patients and staff.
29. The next planned review of the NHS Constitution would be scheduled between 2022 and 2025, but it is not clear if the NHS Plan commitments would make any material changes to existing or future constitution rights. It is however accompanied by a Handbook (which reviewed at least every 3 years) and was last updated on 14 January 2019.
30. Two other related and significant policy documents are expected to be published in 2019, a Green Paper on the future of Adult Social Care and a Green Paper on Prevention. Both of these documents will contain further information on policy in relation to integration of health, care, prevention and housing.
31. The Green Paper on Adult Social Care is likely to:
  - a. Include much more detail on the integration of social care with health,
  - b. Lead to changes in how funding between the NHS, local authorities and individual (self) funders of care will operate in the future

- c. Contain a response to the recent national review of Disabled Facilities Grants.
32. The Green Paper on Prevention is expected to focus on the directly clinical and NHS driven aspects of prevention, rather than community based prevention activities, or those targeted to the wider determinants of health. It is therefore unlikely to have a direct impact on the work of the County Council's Public Health Department, however the detail of this will need to be further analysed once the Prevention Green Paper is published.
  33. It will be important to look across these three policy documents at the totality of the implications for statutory organisations, their partners and stakeholders, service users and the public. Each local area will need to develop a cohesive, sustainable and affordable plan to deliver against this combined agenda.
  34. It is regrettable that delays and other matters of government have meant that this documentation is being issued in stages in 2019, rather than it all being published together. Timings for the other two key publications have not yet been announced. This will no doubt present some risks in coordination, prioritising and managing overall progress/delivery and understanding all the financial and funding implications across health and care systems.

### **NHS Long Term Plan - Financial Position**

35. As announced in June 2018, the NHS has been allocated a £20.5bn increase in real terms over a five year period. This represents a 3.4% funding uplift. This only applies to the NHS England element of the NHS budget, meaning this uplift applies to CCG allocations, but excludes, for example, the public health grant or NHS capital allocations.
36. In January 2019, NHS England outlined the profile of the investment over the five year period (starting from 2019/20), as follows 3.6%, 3.1%, 3.0%, 3.0% and 4.1%.
37. The Plan indicates that the first call on the increased investment is getting the NHS back into financial balance. Deficits are expected to be eliminated by 2023/24, with a return to recurrent financial sustainability.
38. For those NHS Trusts with large, historical deficits a new financial recovery fund, which tapers to the end of the 5 year period, will be in place to support this process along with an intensive turnaround process for the 30 most financially challenged NHS Trusts.
39. The NHS will move away from financial control totals by organisation, and work towards a "system level" control total. All local NHS organisations in each STP/ICS area will be jointly accountable for delivery of this system control total. For Leicestershire, Leicester and Rutland it is expected that these organisations will be the local CCGs, Leicestershire Partnership NHS Trust (LPT) and University Hospitals of Leicester NHS Trust (UHL).

40. The payment and tariff mechanisms within the NHS will change. Broadly, there will be a shift from activity based payments to population based payments, so the current transactional, activity-based contracts between CCGs and NHS providers and the income assumptions of NHS Trusts that are currently predicated on this model will be materially affected by this.
41. There will also be changes to the funding formulae for the NHS aimed at a fairer distribution of funds/reducing inequalities. Some of this will affect the distribution of funds across NHS Trusts, for example altering the balance of funds received in London's Hospitals and providing a more balanced distribution of funds to other parts of the country.
42. There will also be changes to GP incentive payments, such as the existing Quality and Outcomes Framework (QOF) being replaced, the introduction of a shared saving scheme for reducing A&E attendances and hospital admissions, and other changes to activity and contract payments could be seen, for example in the delivery of digital GP services/consultations.
43. The combination of all the financial and contractual changes, the need to regain financial balance, and any ring fencing of some of the additional targeted investment will collectively have a significant financial impact, particularly for CCGs in terms of planning and prioritisation of their medium term financial plans. There will also be an impact on the larger teaching hospitals such as UHL, although the Plan states all the proposed changes will be phased in over a number of financial years.
44. Local health systems will have to work collaboratively to smooth out the positive or negative implications of this change between organisations during the transitional period, through much more transparent and joint financial planning and financial risk management across NHS organisational boundaries.
45. There is a general productivity requirement of 1.1% for the NHS to deliver, and on top of this a reduction in administrative costs is required, aiming to save £700m by 2023/24. £290m of this figure will be drawn from commissioning organisations, that is, across the 195 CCGs in England.
46. This has already resulted in an instruction to CCGs nationally to reduce their administrative costs by 20% by 2021. Given the scale and timing of this requirement, CCG financial and operating plans will have to demonstrate immediate progress in extracting this, with effect from the 2019/20 financial year.
47. While a proportion of this saving can be made from the expected amalgamation of CCG organisations (resulting in one CCG for each STP area), there will need to be a range of other savings in non-clinical services, such as administrative and back office functions, in order to reach this target.
48. There are no firm commitments in the Plan regarding the future of the Better Care Fund beyond 2019/20. The publication of the national review of the

Better Care Fund policy framework is pending at the time of this report, and it is expected that this will determine future arrangements.

49. The Leicestershire BCF plan and pooled budget contributes £17m towards the sustainability of Leicestershire's adult social care services, a figure mandated by government within the current BCF policy framework. In addition to this, the Leicestershire Better Care Fund contributes £5.4m of additional funding to commission other local authority services, supporting prevention, management of demand and integrated services.
50. The new NHS Plan refers to a continued support to the "blending of health and social care budgets where councils and CCGs agree this makes sense" and that more detail of the requirements for health and care integration will follow in the Green Paper on Adult Social Care.

### **Key Commitments within the Plan: Implications for Leicestershire County Council**

51. It is not clear from the NHS plan document how all the commitments listed will be funded, if they have all been costed in totality, or what proportion of the overall investment will simply be directed to achieving financial balance. However, a number of the commitments have specific milestones and are accompanied by an explicit expectation of a certain level of investment.

### **Community Services**

52. There is a central theme within the plan of increased investment in primary care and community health services, as a share of the total national NHS revenue spend across the five years.
53. This reflects the vision for more care to be delivered and coordinated outside of hospital settings and more care and support to be integrated across professions and organisational boundaries so that, for example, GPs, community nursing and social services work in integrated, multi-disciplinary teams in each local area.
54. Previous NHS planning has attempted a direct shift of resource from the acute sector to the community, with minimal transitional or transformational funding available to support local areas to achieve this.
55. However, there is recognition in the new NHS Plan that investment in community services needs to happen *without the assumption that there will be a corresponding immediate reduction in acute inpatient costs*.
56. The planning assumption now is that the same trends in activity levels will continue in acute care as has been the case over the last 3 years. The plan also reiterates the commitment to further reductions in delayed transfers of care from hospital, with the expectation that progress made so far is sustained, and that improved, integrated community services will receive patients back into their usual place of residence much more effectively.



### **Integrated Care Systems (ICS)**

57. Across the NHS, all areas will be expected to operate as integrated care systems (ICSs) by 2020/21. The NHS will be organised at 3 tiers:
  - a. System Level (e.g. Leicester, Leicestershire and Rutland);
  - b. Place Level (e.g. upper tier Local Authority level);
  - c. Neighbourhood Level (e.g. organised around local groups of GP practices/ “Primary Care Networks”, populations of 30,000 – 50,000)
58. In Leicester, Leicestershire and Rutland, organisations will need to set a clear direction in relation to operating at system, place and neighbourhood. Multiagency Partnership Boards, akin to the existing Leicester, Leicestershire and Rutland Better Care Together (STP) Board, will oversee the ICS. The new ICS boards must have representatives from NHS commissioners, trusts and primary care networks and there is a “clear expectation that [local authorities] will wish to participate”.
59. At place level there will continue to be the opportunity for budget pooling and integrated commissioning across the County Council and NHS, and the plan sets out four key methods for this, based on existing models and good practice nationally.
60. Operationally, at neighbourhood level, GP practices will work together in “Primary Care Networks”, groups of practices taking an overall population management approach to care in their communities, with a focus on reducing variation in clinical practice and outcomes, tackling health inequalities, and targeting interventions to specific segments of the population, both in terms of prevention and treatment.
61. This will require close collaboration with other agencies at the neighbourhood levels including with local authorities, NHS community services, blue light services and the voluntary sector.
62. A new Integrated Care Provider contract will be implemented by the NHS to allow primary care and NHS community services to be commissioned jointly, to deliver more integrated care outside of hospital.
63. The local NHS in Leicester, Leicestershire and Rutland is currently configured across three CCGs from a commissioning perspective. The NHS plan states that in the future there will be one CCG for each STP/ICS area.
64. With the configuration of an ICS at three tiers (neighbourhood, place and system) commissioning roles and leadership capacity and capability within CCGs will also need to be designed effectively at all three tiers. There is a need to define with GPs what the scope and vehicle will be for commissioning at neighbourhood level, as well as the need for CCGs to work closely with local authorities as to the scope and vehicle(s) for strategic commissioning at place level.

65. All organisations in Leicester, Leicestershire and Rutland are at different stages of their thinking on this currently. There is much to do to culturally and in terms of governance to develop integrated leadership and an agreed vision that can operate effectively at all three tiers.

### **Digital Developments**

66. The existing digital roadmap for Leicester, Leicestershire and Rutland focuses on priorities such as:
- a. Achieving a summary (electronic) care record that is accessible by multiple organisations;
  - b. Improving the connectivity of existing IT systems in health and care (for managing referrals, hospital discharge, reporting tests etc.);
  - c. Improving NHS electronic connectivity with other parts of the care system such as care and nursing homes;
  - d. Initial online GP services, for booking appointments and ordering prescriptions.
67. The new NHS Plan sets out a number of important digital developments designed to:
- a. Make more consumer interactions with the NHS enabled by technology;
  - b. Support the clinical workforce with a greater level of mobile technology, to improve productivity;
  - c. Enable more of the routine workflow (for example diagnostics), information and care records to be shared across organisational boundaries;
  - d. Provide new tools for population health management.
68. The Plan states 2 major new commitments:
- a. To offer patients more choice in accessing GP services, with online GP consultations to be in place by 2024;
  - b. The ability to conduct a large proportion of outpatient appointments digitally.
69. The Secretary of State has also announced the removal of all fax machines in the NHS by 2020.

### **Other Developments**

70. Other developments highlighted in the Plan which should be noted are:-
- a. The roll out of personal health budgets to a greater proportion of NHS service users;
  - b. The introduction of 1000 link workers to support social prescribing;
  - c. Further improvements to emergency care pathways including the clinical advisory service linked to the 111 number;
  - d. Further improvements for children's mental health services (e.g. mental health support teams in schools), a comprehensive 0-25 offer to tackle problems with transitions services, a single point of access for mental health crises (for children and adults);
  - e. New action plans on morbidity and prevention for people with learning disabilities;

- f. New standards, training, key workers, personal budgets and digital “flags” on patient records, for those with autism;
- g. New targets for detecting three quarters of cancers at stage 1 and 2 of the disease with faster diagnosis standards (diagnosis within 28 days) delivered by rapid diagnostic centres;
- h. Investment of £30m for homelessness;
- i. £2.3m for scaling up volunteer capacity;
- j. The learning from the “Enhanced Care in Care Homes” programme to be fully implemented across the country;
- k. Specific targets for workforce, to reduce vacancies and provide more training placements in nursing and medical schools, with more detail to follow in a workforce development implementation plan;
- l. The full roll out of the NHS national App, with care planning functions by 2020/21.

### **Analysis of Implications for the County Council**

<p><b>A. NHS spending on primary and community health services will be at least £4.5 billion higher by 2023/24.</b></p>	<p>This investment will support the further development of new models of integrated community care, some of which are already being piloted locally. These include:</p> <ul style="list-style-type: none"> <li>• Integrated Hospital Discharge and Reablement;</li> <li>• Integrated Locality Teams.</li> </ul> <p>It should be noted that further changes are anticipated to community nursing and community hospital provision in 2019/20 and 2020/21, based on the Community Services Redesign work being led by the local NHS, which is subject to a separate report elsewhere on this Cabinet agenda.</p> <p>Implications for the County Council include:</p> <ul style="list-style-type: none"> <li>• The emerging target operating model for Adult Social Care and how this is being designed in support of integration with NHS community services;</li> <li>• How greater productivity can be achieved for both NHS and Local Authority partners in transforming care outside of hospital through, for example, joint approaches to reablement, demand management, technology, workforce developments, personal budgets, prevention and self-care;</li> <li>• It is not yet clear if the increased community services funding for the NHS and commitment to increase resources for community based care will be routed through the Better Care Fund or another type of pooled funding arrangement, or if any of the resource will be directed to Adult Social Care services, recognising the County Council’s role as a key commissioner and provider of community based care.</li> </ul>
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<p><b>B. Investment in mental health services will grow faster than the overall NHS budget, creating a new ring-fenced local investment fund worth at least £2.3bn a year by 2023/24.</b></p>	<p>The Health and Wellbeing Board and Health Overview and Scrutiny Committee have been concerned about the performance and quality of mental health services and have been seeking further assurance on the level of investment reaching the front line of care, and the pace and impact of the investment on service user outcomes.</p> <p>The Health and Wellbeing Board recently held a development session focusing on the mental health chapter of the Joint Strategic Needs Assessment and received a report setting out actions arising from that session at its meeting on 24 January.</p> <p>The actions include holding the NHS to account for mental health parity of esteem and achieving the mental health investment standard, across both adult and children’s mental health services.</p> <p>It is important to consider how this additional mental health investment can be commissioned jointly and if any approaches to this will involve investment flowing to council provision.</p> <p>This could have implications for areas such as mental health prevention and wellbeing, mental health accommodation strategies and other aspects of social care for mental health service users.</p> <p>The NHS Long Term Plan also suggests a higher level of investment in community based dementia support. The current Leicester, Leicestershire and Rutland Dementia Strategy is a multiagency strategy approved by all local NHS and local authority partners, so it is assumed any further investment in this area would build on the existing strategy and be routed through the governance arrangements for this work.</p> <p>The Plan includes a number of commitments in relation to children’s mental health (and transitions services) which will need further consideration by the Children and Families Department and the Children’s Partnership Board.</p> <p>The prioritised actions in the plan to improve the care management and overall support offered to people with Autism is welcomed, however it is not clear how these developments will be funded.</p> <p>Traditionally this has been under resourced, so if new investment is not ring fenced this runs the risk of this being deprioritised given the other major developments and funding challenges in the NHS Plan.</p>
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<p><b>C. Up to 200,000 people will benefit from a Personal Health Budgets (PHB) by 2023/24, plus an expansion to include support for those in mental health services, for people with a learning disability, social care and at the end of life.</b></p>	<p>This has traditionally been a very under-developed area of priority, expertise and pace in the local NHS, with a limited PHB offer to patients, just for those in receipt of Continuing Healthcare packages.</p> <p>However a new CCG lead for this portfolio has recently been appointed and joint scoping work is underway between the County Council and the CCGs at the time of writing this report.</p> <p>Given the increasing importance the NHS now places on this area, with greater target numbers of PHBs to achieve, this will be an important piece of work, especially over the next two financial years.</p> <p>There are opportunities to develop joint approaches for those in receipt of personal budgets from both health and local authorities and some other areas of the country have already developed joint approaches and infrastructure which can provide good practice examples to shape how the Council delivers this in Leicester, Leicestershire and Rutland.</p> <p>The scoping work in progress in Leicestershire will support NHS partners to consider these matters, including if the County Council Direct Payment Cards could be adopted by the local NHS.</p>
<p><b>D. More action on prevention and health inequalities</b></p>	<p>The NHS funding model is being adjusted to favour those areas with higher inequalities. All local systems will have to set out a plan and specify how they will reduce inequalities by 2023/4 and 2028/9.</p> <p>The Plan indicates a desire for a greater role for the NHS in the planning and commissioning of health visiting, school nursing and sexual health services, currently commissioned by local authority public health.</p> <p>Further clarification has been sought nationally on this message, and the initial response has suggested there is no intention to transfer responsibility for these activities back into the NHS, but a stronger role for NHS partners is indicated.</p> <p>The Plan commits to a renewed focus on prevention within the NHS but it is not clear what level of investment is being made in support of this.</p> <p>Examples of specific commitments are increased smoking cessation support for those admitted to hospital, smoke free pregnancy support, supporting long term mental health service users to quit smoking, along with a doubling of the diabetes prevention programme, implementing specialist alcohol care teams in A&amp;E and air pollution emissions</p>

	<p>targets.</p> <p>It will be important to consider how the County Council's Public Health Department can influence the model of acute prevention proposed in the Plan and ensure that it is joined up with the County Council's community based offer.</p> <p>Given the priority being placed on returning to financial balance plus the ring fenced investment for community and mental health services, plus the digital and workforce ambitions, there are clear risks that an increase in prevention funding will be unachievable.</p>
<p><b>E. Digital Developments</b></p>	<p>The Plan states there will be a major overhaul of how outpatient services are delivered, so that over the next five years, patients will be able to avoid up to a third of face-to-face outpatient visits, removing the need for up to 30 million outpatient visits a year.</p> <p>The Leicester, Leicestershire and Rutland digital roadmap does not currently include this development, which will be a significant additional requirement.</p> <p>National capital investment for IT within the NHS is linked to existing digital roadmap priorities in each STP/ICS area.</p> <p>These funds are currently insufficient/being issued in stages in support of the existing digital commitments in each local area. It is not yet clear how much additional investment will support the digital ambitions in the Plan or how this will be phased.</p> <p>The interface of Adult Social Care with NHS IT services (for hospital discharge and joint care/case management in the community) is a priority within the Leicester, Leicestershire and Rutland digital roadmap.</p> <p>Work has been ongoing locally via the roadmap to implement the necessary tools and technology to improve electronic communications between agencies, using primarily UHL's internal IT systems, SystemOne (the IT system used by the majority of primary care and LPT) and Liquid Logic, the Adult Social Care system.</p> <p>The County Council is also in the process of assessing future assistive technology solutions with the District Councils, and working with the NHS to consider how the health and care system as a whole can support people with more self-care via telephony, assistive technology and apps.</p>

	<p>It will be important to keep the County Council’s digital development plans under review and where appropriate adapt plans in line with the new expectations of the NHS plan.</p> <p>It will also be important to be clear how future NHS IT capital investments will be structured, and if these will support investment in the delivery of the local authority interface requirements sufficiently, or if there are additional risks or financial pressures caused by this for the County Council and the other local authorities in Leicester, Leicestershire and Rutland.</p> <p>Patients are to be entitled to a digital GP offer by 2024, something which currently does not exist in Leicester, Leicestershire and Rutland, except for the ability to book appointments and repeat medications online. This is therefore a highly ambitious timeframe nationally and locally.</p> <p>Some digital GP services are currently available in London through services such as the “GP at Hand Service”, whereby patients sign up for this service instead of registering with their usual GP practice.</p> <p>The implementation of a digital GP offer as a mainstream part of all registered GP services will likely require changes to GP funding allocations to reflect this new offer, and associated investment in IT. However, the detail of how this will be implemented and funded is not yet clear.</p> <p>There will be a need to ensure that digital by default in the NHS is not excluding elements of the local population either due to poor digital skills, economic reasons or other factors.</p> <p>There will also need to be an assessment of the implications of the sizeable digital developments of the NHS Plan across the local NHS on: the broadband infrastructure of the local area and its public sector partners; cyber and information governance implications; and any other infrastructure implications these developments may have for the County Council, operationally and/or financially.</p>
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### **Conclusion**

71. The publication of the NHS Long Term Plan raises a number of questions where the County Council will need to seek greater clarity, either nationally or locally. In no particular order, these are set out below:-
- a. The status of the NHS Constitution in relation to the NHS Long Term Plan;
  - b. The future of the Better Care Fund;

- c. How the commitments in the NHS Long Term Plan will be funded and what proportion of the overall investment will be directed to achieving financial balance;
- d. The impact of a range of financial and contractual changes on the sustainability of the Leicester, Leicestershire and Rutland health and care system, and how readily the local system can achieve financial balance;
- e. With regard to the increased NHS funding outlined for community services and mental health services, if the mandated amounts can realistically be achieved locally and if any of this resource will be directed to provision within Social Care;
- f. Whether the additional investment in community services, mental health services (or for other commitments such as for autism, personal budgets etc.) would benefit from more effective integrated commissioning;
- g. The role for the NHS in the planning and commissioning of health visiting, school nursing and sexual health services and the level of investment being made in support of the renewed focus on NHS prevention, in the context of concern that NHS England would prefer public health functions and funding to be removed from local government;
- h. The impact of the digital developments on the existing digital plans of the Leicester Leicestershire and Rutland STP and specifically for the County Council's own digital strategy and the IT infrastructure across Leicestershire;
- i. How the ICS will be developed both practically and in terms of governance in Leicester, Leicestershire and Rutland, with clarity of roles within the NHS at system, place and neighbourhood levels, and in engaging with local authorities effectively at all three tiers.

As mentioned earlier, a further report will be brought to the Cabinet on developments.

### **Equality and Human Rights Implications**

72. Public sector organisations have a duty to ensure that due regard is paid to due regard is paid to the impact on equalities and Human Rights. As proposals are developed in response to the NHS Long Term Plan, Equalities and Human Rights Implication Assessments will be undertaken as required.

### **Background Papers**

The NHS Long Term Plan and Summary -

<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf>

<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/the-nhs-long-term-plan-summary.pdf>

Statements in response to publication of the Plan from key organisations and views from commentators -

NHS Providers

<https://nhsproviders.org/news-blogs/news/nhs-long-term-plan-trusts-are-committed-to-creating-world-class-services>



NHS Clinical Commissioners

<https://www.nhscc.org/latest-news/nhs-long-term-plan/>

Association of the Directors of Adult Social Care

<https://www.adass.org.uk/adass-responds-to-the-nhs-long-term-plan>

Association of the Directors of Public Health

[http://www.adph.org.uk/wp-content/uploads/2019/01/ADPH-statement\\_NHS-Long-Term-Plan\\_alcohol-and-tobacco.pdf](http://www.adph.org.uk/wp-content/uploads/2019/01/ADPH-statement_NHS-Long-Term-Plan_alcohol-and-tobacco.pdf)

Local Government Association

<https://www.local.gov.uk/about/news/lga-responds-nhs-long-term-plan>

Summaries about the NHS Plan, published by the NHS Confederation and the King's Fund -

NHS Confederation Briefing

<https://www.nhsconfed.org/resources/2019/01/long-term-plan-briefing>

King's Fund Summary

<https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained>

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