

Long term plan implementation framework – BMA summary

Overview

[The implementation framework](#) sets out the approach that STPs and ICSs are expected to take in creating their five-year strategic plans (by November 2019). These system plans will then be aggregated and published as part of a national implementation plan by the end of this year, which will also take into account the spending review.

The framework sets out principles for STPs/ICSs to follow when developing individual systems plans. This includes the need for them to be **clinically led** - Systems will need to identify and support senior clinicians to lead on the development of implementation proposals for all Long Term Plan commitments that have clinical implications and on the totality of their plan.

The areas covered in the implementation framework are summarised below.

Delivering a new service model for the 21st century

In the line with the Long Term Plan, the Implementation Framework sets out the fundamental services changes systems need to include within their new five year plans. The framework sets out the broad expectations on STPs and ICSs for seven foundational commitments:

Transformed 'out-of-hospital care' and fully integrated community-based care

In line with the Long Term Plan and the new GP Contract, the framework establishes an expectation on systems to support the development of PCNs, Clinical Director leadership, enhanced community services, and staff training and retention. This indicates the importance of PCNs within ICS structures, especially at the 'neighbourhood' level.

Reducing pressure on emergency hospital services

The framework also requires systems to show how they plan to develop urgent and emergency care services, and how they will be integrated with community services. Systems will also eventually be expected to plan longer-term reductions in hospital demand and improvements in outcomes. This commitment is heavily contingent on the Clinical Review of Standards, which will inform any eventual national targets.

Giving people greater control over their own health and more personalised care

Systems must also show how they will implement the NHS Comprehensive Model for Personalised Care, with specific trajectories for social prescribing and Personal Health Budget take-up. This echoes the priorities set out in the Long Term Plan.

Digitally-enabling primary care and outpatient care

Specifically, systems are expected to set out how they plan to increase virtual outpatient appointments and online and video primary care consultations, again in line with the Long Term Plan. NHSE/I and NHSX will also support systems to develop their plans in this area.

Improving cancer outcomes

Systems will need to work with local Cancer Alliances to plan their delivery of the Long Term Plan commitments of cancer care, particularly on early diagnosis and survival. By 2023/4 over £400 million in additional funding should be distributed to Cancer Alliances to support these goals

Improving mental health services

The framework sets out a preference for specialised mental health services and learning disability and autism services to be managed through NHS-led provider collaboratives. Targeted funding has been made available for a range of smaller initiatives and pilots such as new models of integrated primary and community care for adults.

Shorter waits for planned care

The framework requires systems to show how they will increase planned surgery on a year-by-year basis and reduce both waits and waiting lists over the five year period. This includes a specific focus on systems meeting the 52 week referral to treatment target for all patients, as well as wider goals around MSK pathways.

Increasing the focus on population health

The framework establishes that all STP and ICS plans must show how the system will reach the ‘mature’ level, as per NHSE’s ICS maturity matrix, by April 2021.¹ This is a more specific goal than that set out in the Long Term Plan and may be a challenge for the least advance STPs.

While the framework for ICSs and STPs will be generally permissive, allowing them to develop mostly at their own discretion and pace, it does establish that the characteristics of a ‘mature’ ICS include:

- A shared vision and objectives, collaborative and multi-professional leadership, and an independent chair
- An integrated local system, strong PCNs, and population health management capabilities
- Developed system architecture and collaborative working, and strong financial management – with the onus on plans showing how they will meet system control totals
- A record of delivery against national targets and progress in addressing unwarranted variation and health inequalities
- A coherent footprint, based on the needs of the local population, contiguous with Local Authority and other service boundaries where possible – systems must notify Regional Directors by July 2019 if they wish to alter their existing footprint.

Separate guidance has been published outlining the freedoms and flexibilities that systems will receive as they mature, these will include the devolution of transformation budgets to system-level, reduced data requests from NHSE/I, and a growing assurance role for the ICS.

System plans will also be expected to show how the provider and commissioner landscape is expected to develop – including any plans for mergers, new structures, or shared decision making. A ‘fast track’ approach will be introduced for assessing plans for any such changes. The framework also reiterates, with less fanfare, that the Integrated Care Provider contract is expected to be published in Summer 2019.

More NHS action on prevention

¹ The ICS maturity matrix has four levels; emerging, developing, maturing, and thriving

In developing their plans, systems will need to work in close partnerships with regional and local Directors of Public Health to set out how they and their local authority partners will respond to local health needs.

In line with the priorities set out in the Long Term Plan, the implementation framework highlights investment in:

- Smoking cessation programmes in selected areas
- Weight management services in selected sites
- Alcohol care teams in hospitals with the highest rates of alcohol-related admissions
- The NHS Sustainable Development Unit to support NHS action on air pollution
- Delivering the government's five-year antimicrobial resistance strategy.

Delivering further progress on care quality and outcomes

The implementation plan highlights a range of priorities for improving care quality and outcomes for services for children and young people, learning disabilities and autism and major heart conditions such as cardiovascular disease, stroke care, diabetes and respiratory disease. It also sets out a requirement for system plans to prioritise research and innovation. It also sets out a requirement for system plans to include:

- learning disability and autism physical health checks for at least 75% of people aged over 14 years;
- how proposals for people with learning disabilities and/or autism align with plans for mental health, special, educational needs and disabilities, children and young people's services and health and justice; and
- contributions to national ambitions to increase public and patient participation in research.

Giving NHS staff the backing they need

The Implementation Framework reasserts the commitments already made in the recently published NHS Interim People Plan. A summary of the NHS Interim People Plan, which sets out in greater detail what is required to deliver a more agile workforce with increased capacity, is available from the Workforce and Innovation team on request.

Workforce, education and training budgets and therefore the practical impact of the Framework, are critically dependent on department spending allocations which can only be set after publication of the UK Government Spending Review.

However, the framework sets out aspirations for systems to:

- Expand and diversify the workforce, including new roles in healthcare.
- Support staff with more effective existing and future technologies.
- Make the NHS a more attractive and inclusive place to work.

The framework sets out that systems should do this by:

- **More systematic use of workforce planning** for all care sectors, including growth estimates, skill mix, new ways of working and technologies.
- **Use of targets** to ensure a more inclusive and representative workforce.
- **Adoption of more flexible working arrangements.**

Delivering digitally-enabled care across the NHS

- Local systems will have to produce digital strategies and investment plans consistent with the DHSC's [tech vision](#). Central funding – revenue and capital – will support the delivery of these strategies, managed and coordinated by NHS England's regional teams. Digital strategies / plans will follow nationally defined standards and requirements, on which NHSX will provide clear guidance and support.
- NHSX will define and mandate technology standards for all systems / platforms, and will ensure all publicly-funded source code is open by default.
- Regional CCIOs / Regional Directors of Digital Transformation will work with the national provider digitisation team to ensure programmes make a direct contribution to wider NHS priorities, e.g. improved cancer care, mental health services etc
- By 2024, NHS organisations will digitise by:
 - o Local capability – NHSX will ensure a standards-based approach and a minimum / core level of digitisation across all providers, as well as integrated local sharing of records
 - o Core services: EPS (electronic prescriptions service) and e-RS (e-referrals service) will continue;
 - o Access to mobile digital services: By 2021/22 all staff working in the community will have access to mobile digital services, and there will be one integrated child protection system;
 - o Fax machines: NHSX will monitor progress of NHS organisations in stopping use
- Several nationally-delivered services are available to develop minimum / core digital services, e.g.:
 - o [NHS.uk](#) – provides information about conditions and treatments, keeping well and NHS services, and acts as a platform for other tools, providing APIs (Application Programming Interfaces) that enable consistent and coherent information;
 - o [NHS Login](#) – provides a single way for patients to identify themselves to a range of services;
 - o [NHS App](#) – acts as a platform that allows third parties to integrate their own digital tools and services. It also provides access to primary care, e.g. symptom checking, organ donor registration and NHS 111. Two-thirds of GP practices are already connected to the NHS App with 96% expected to be connected by July 2019 ([NHS App Roadmap](#));
 - o NHSX will publish version two of the Digital Assessment Questions and the associated assurance process in 2019 – this allows local systems to identify digital tools for use within the NHS

Using taxpayers' investment to maximum effect

The implementation plan provides detail on when commissioners and providers will receive information of their specific funding allocations and what financial planning assumptions, they should adopt to support the delivery of the LTP. Furthermore, the framework states system plans will also need to demonstrate how their resource will be deployed to meet the service delivery and spending commitments of the LTP along with the five financial tests specified in the LTP.

The implementation plan also states that the NHS will be required to develop plans of how they plan to achieve cash-releasing productivity growth of 1.1% per year, along with an additional 0.5% of productivity growth by providers in deficit. The plan also sets out the areas where it believes this productivity growth can be achieved, the areas of most interest to the BMA are outlined below:

- Improving clinical productivity and releasing more time for patient care. To be achieved through; improved e-rostering and e-job planning, improvements in Model Hospital's staff deployment and productivity metrics (including development of a metric to measure productivity of non-ward based clinical workforce activity), among many other measures.
- Supporting pharmacy staff to take on increased patient facing clinical role.
- System plans will have to specify how they will achieve an additional £700m savings in administration costs by 2023/24 (£290m by commissioners; over £400 million by providers).
- Implementation of the Evidence-Based Interventions Programme's recommendations on 17 interventions.
- Implementation of the national Patient Safety Strategy (to be published in summer 2019).