



**Summaries of Planning Guidance and
NHS Long Term Plan**

**Report of Stewart Findlay, Chief Operating Officer – Durham Dales,
Easington & Sedgefield, and North Durham Clinical Commissioning
Groups (CCGs)**

Purpose of the Report

- 1 The purpose of this report is to present an overview summary on the recently published NHS Planning Guidance 2019/20 (<https://www.england.nhs.uk/operational-planning-and-contracting/>) and the NHS Long Term Plan (<https://www.longtermplan.nhs.uk/>) and how Durham will work together to develop a single plan.

Executive Summary

- 2 This report provides a summary of both the NHS Long Term Plan and the annual Planning Guidance and outlines the key elements of each, and how we are going to work together across the Durham system.
- 3 It is planned to have a Durham system one-year plan which will include a communication and engagement plan for the system for submission by 4 April 2019, coming to the Health and Wellbeing Board in March 2019.
- 4 A longer term 4 year plan for Durham taking into consideration the NHS Long Term Plan and Health and Wellbeing Strategy will be completed for autumn 2019 inclusive of a communication and engagement plan.

Recommendation(s)

- 5 Members of the Health and Wellbeing Board are recommended to:
 - a) Note the contents of this report and next steps.

The NHS Long-Term Plan

- 6 The NHS Long Term Plan was published on Monday 7 January, which Simon Stevens (Chief Executive) stated was realistic, practical, costed, detailed, phased and ambitious.
- 7 The Plan is expected to tackle the big killers and disablers of wellbeing (heart attacks, strokes, cancers, etc.) and addressing unmet need, particularly in Learning Disability, Autism and Mental Health.
- 8 A significant element of the plan is workforce, where the majority of the additional £20bn will be spent increasing the workforce and developing emerging roles to enable greater flexibility within the workforce.
- 9 The plan has 7 chapters, each of which sets out significant changes, challenges or goals.
- 10 Chapter 1 describes a new service model which builds on the drive to provide more services closer to home, rather than in hospital. Within this model is the goal to reduce outpatient appointments by a third through closer working between primary care and secondary care, increased use of digital consultations, development of integrated community teams able to respond more rapidly to urgent care needs, prescribing.
- 11 Chapter 2 focuses on prevention and health inequality. The plan describes funding for specific and new evidence-based NHS prevention programmes to cut smoking, reduce obesity, limit alcohol related A&E admissions, and to low air pollution. NHS England will therefore base its 5-year funding allocations to local areas on more accurate assessment of health inequalities and unmet need. Each area will be expected to set out specific, measureable goals to narrow health inequality. The plan also refers to the NHS possibly having a future role in the joint commissioning of services currently commissioned from the Public Health budget, notably sexual health, health visitors and school nurses, given their impact on the demand for NHS services and that these are often provided by NHS Trusts.
- 12 Chapter 3 identifies the NHS priorities in care quality and outcomes improvement, extending the work already undertaken on cancer, mental

health, diabetes and dementia, to extending its reach to children's health, learning disability and autism. This includes increasing the numbers of early cancer diagnosis from 50% to 75%, and ensuring that the mental health budget increases at a greater rate than the overall budget.

- 13 Workforce issues are covered in chapter 4, including a commitment to increase the number of training places for nurses and other staff, introducing non-traditional routes into professional roles, such as apprenticeships and associate roles. New roles will also be developed that are inter-disciplinary and enable staff to move more flexibly across staff groups.
- 14 Chapter 5 relates to Information Technology, including universal access to patient records across the NHS, and in the development of predictive techniques to support local Integrated Care Systems (ICS) to plan and optimise care for their population.
- 15 Chapter 6 covers how the 3.4% five-year funding settlement will support all NHS organisations to achieve financial sustainability. This includes the continuation of efficiency schemes, reform of payment systems and incentives, and a further reduction in reduced administrative costs across both commissioners and providers.
- 16 Chapter 7 explains the next steps in implementing the plan, recognising that 2019-20 is a transition year. There are recommendations to change legislation without wholesale organisational reform, including removal of the requirement to promote competition and open procurement for all services. The role of Local Authorities within the development of 'Place Based Care' is central to the plan's success, and as the foundation of the wider Integrated Care Systems (ICS) which will be established across the country by April 2021.

The NHS Annual Planning Guidance 2019/20

- 17 The NHS Operational Planning and Contracting Guidance 2019/20 ('The guidance') was published on the 10th January 2019 to support the implementation of the first year of the Long-Term Plan.

- 18 The guidance is split into three sections; System Planning, Financial Settlement, and Operational Plan Requirements.
- 19 The guidance sets out the requirement for all operational plans to contribute to, and make reference of, Integrated Care Systems (ICS) and Integrated Care Partnership (ICP) plans. Whilst this year is considered a 'bridge-year' for the development of ICS and ICPs there remains a requirement to stipulate how each system will use its financial resources to meet the needs of its population, and what the system will deliver in 2019/20. This is to include both specialised / direct commissioned services and CCG / provider plans.
- 20 The requirements are to be underpinned with an aggregation of system data (activity, workforce, finance and contracting) which demonstrates how all individual organisational plans align to the system plan. Therefore all activity volumes within CCG plans must match those in the ICP / ICS provider plans, and vice versa.
- 21 The financial settlement guidance is predominantly technical guidance which outlines (amongst others) how;
- staff pay increases are to be funded
 - changes to the payment / tariff system
 - changes in the NHS Standard Contract
 - Commissioning for Quality and Innovation payment framework (CQUIN) reductions
 - changes to the Market Forces Factor, and
 - reforms to the Provider Sustainability Fund
- 22 During 2019/20 CCGs are expected to deliver a 20% real terms reduction in running costs against their 2017/18 figure. This is expected to be achieved through improvement in collective efficiency and effectiveness with other CCG and partners.
- 23 The Mental Health Investment Standard (MHIS) for 2019/20 requires an increase spend by at least the overall programme allocation growth, plus an additional percentage increment , including increasing the share of their total mental health spend with mental health providers. Spend on Children's and Young People's mental health must also increase as a percentage of each CCG overall mental health spend.

24 The Operational Plan Requirements are set out in 9 parts, with each detailing mandatory deliverables;

1. Emergency Care
2. Referral to Treatment Times (RTT)
3. Cancer Treatment
4. Mental Health
5. Learning Disabilities and Autism
6. Primary Care and Community Health Services
7. Workforce
8. Data and Technology
9. Personal Health Budgets

Local Authority Involvement in the Delivery of the Long-Term Plan.

25 The Long-Term Plan makes reference to the need to deliver services in partnership with the Local Authority on a number of occasions. The first is within Chapter 1 where there is a requirement to deliver a new model of care that focuses on population health.

26 There is support for the blending of health and social care budgets where both Council and CCG agree this makes sense, with 4 models described;

1. Voluntary budget pooling between a council and CCG for some or all of their responsibilities.
2. Individual service user budget pooling through personal health and social care budgets.
3. The Salford model where the local authority has asked the NHS to oversee a pooled budget for all adult health and care services with a joint commissioning team.
4. The model where the CCG and local authority ask the chief executive of NHS England to designate the council chief executive or director of adult social care as the CCG accountable officer.

27 Hospital with the highest rate of alcohol-dependence related admissions will be supported to establish Alcohol Care Teams using funding from the CCG health inequalities funding supplement, and working in partnership with the local authority commissioners of drug and alcohol services.

28 In partnership with children's social care and education the Long-Term Plan outlines the need to jointly develop packages to support children with autism and other neurodevelopmental disorders.

- 29 As new models of care are developed there is a requirement to bring children's services closer to home through the joining physical and mental health teams to support the delivery of care across the local authority. This will include primary care, community care, speech and language therapy, school nursing, oral health and specialist services. This, in part, is aimed at reducing avoidable and unnecessary A&E attendances from children and young people, who account for 25% of all attendances.
- 30 Mental health support for children and young people will be embedded in schools and colleges, with the NHS funding new Mental Health Support Teams that will provide additional capacity for early intervention and ongoing help.

Developing a Combined Durham System Approach

- 31 The County Durham Integrated Care Board will coordinate the response and development of a Durham system plan taking into consideration the NHS Long Term Plan. This will include the development of the one year plan for 2019/20.
- 32 Key to developing a Place Based / System Approach to delivery of health and social care planning is the sharing of information, data, plans, expectations and resources, within an open book and no surprise culture.
- 33 Central to this is to ensure all plans consider intended consequences on the system, and harder still the mitigation of unintended consequences. This requires partners to have sight of, and be able to comment upon, organisational plans prior to formal approval by respective governing bodies and executives.
- 34 Through this sharing of plans and consideration of impacts at a system level it is expected to develop a single Durham System Plan, which aligns to organisational requirements.

Next Steps

- 35 An officer working group with representatives from CCGs, County Durham and Darlington NHS Foundation Trust, Tees Esk and Wear Valleys NHS Foundation Trust and Durham County Council has been identified to work collaboratively to develop the 2019/20 Durham system operational plan and long term plan. This will be under the leadership of the partners through the County Durham Integrated Care Board.

- 36 A draft system operational plan for 2019/20 will be presented to the Health and Wellbeing Board meeting 6 March 2019 for consideration. This will include an annual communication and engagement plan. CCGs and NHS Trusts 2019/20 operational plans will form the basis of the system operational plan.
- 37 CCGs and NHS Trusts are required to submit their final 2019/20 operational plans to NHS England and NHS Improvement no later than 4 April 2019.
- 38 A timetable is as yet to be announced for submission of the long term plan. At this stage the guidance suggests autumn 2019.
- 39 An additional report will be taken to the 6 March 2019 Health and Wellbeing Board meeting outlining an approach and draft timetable for the development of the longer term Durham system plan. This will work towards the autumn 2019 timetable, take account of the recently published NHS Long Term Plan and communication and engagement plan.

Contacts: Jon Quine, Commissioning Delivery Manager North of England Commissioning Support [07899 086357
jon.quine1@nhs.net](mailto:jon.quine1@nhs.net)
Michael Houghton, Director of Commissioning and Development, North Durham CCG michael.houghton@nhs.net
Sarah Burns, Director of Commissioning DDES CCG sarahburns3@nhs.net

Appendix 1: Implications

Legal Implications

The NHS Plan makes reference to the NHS Constitutional Standards and steps to achieve these, which are support in law; all NHS Organisations are therefore obliged to adhere to these. There are also changes and implications for NHS Standard Contracts, again subject to the appropriate law in this regard.

Finance

The NHS Plan sets out how the financial settlement between government and the NHS will be delivered, including the obligations on NHS bodies to return to financial balance as part of the settlement.

Consultation

The DDES and North Durham Annual Operational Plan is a public document, and subject to Executive approval will be made publicly available on each CCG website. Any specific service reform that warrants public engagement and / or consultation will be undertaken in accordance with standard practice.

Equality and Diversity / Public Sector Equality Duty

All schemes / projects detailed in the CCGs Operational Plan are subject to Equality and Diversity Risk Assessment, Quality Impact Assessment, and Data Protection Impact Assessments. These are to ensure that any service reform does not negatively impact on any one part of our community.

Human Rights

The Human Rights Act (2000) ensures that all public authorities in the UK, including NHS organisations, have a positive obligation to respect and promote peoples' human rights. These are underpinned by the core values of Fairness, Respect, Equality, Dignity and Autonomy for all. These values are at the heart of high quality health and social care, and continue to be upheld through the NHS Long Term Plan and Planning Guidance.

Crime and Disorder

There are no implications within either the Long Term Plan or Guidance in this regard.

Staffing

Workforce issues are reflected within the guidance, including the development of new roles and the recruitment of additional staff to fulfil the outcomes are stated. Detailed workforce plans are not in place at this time.

Accommodation

Specific changes to accommodation requirements for County Durham are not reflected within the Plan or Guidance, though should such changes be required these will be subject to appropriate consultation processes on an individual basis.

Risk

Failure to deliver on the Long-Term Plan and adhere to The Guidance would increase the risks of poorer outcomes for our community, and the risk of direct intervention from NHS England / NHS Improvement.

Procurement

There are no implications for procurement within this report at this point.