

PPL

**The NHS
Long Term Plan:
One Month On**

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By now, most people with a desire to do so will have had the chance to read through the Long Term Plan for the NHS¹ - and to share their thoughts.

Despite what has undoubtedly been a crowded news cycle, it has been extensively reported on and people across the country have at least a vague idea that there is something happening with the NHS that is designed to improve services. Many of us have spent time reading through the document and will have a personal and organisational view on its strengths and weaknesses; where we see the real wins and opportunities; what we think is missing; and what are the opportunities it might create.

We will all have a perspective.

Needless to say, the Long Term Plan has not been produced in a vacuum, and it is also not the first attempt to set out a roadmap for our health and care system. It already has two older siblings – the glamorous, firstborn Five Year Forward View (October 2014)² and the (middle-child) “Next Steps” on the Forward View (March 2017)³.

There are things about the birth of this third child that are different. The most obvious is the much-publicised promise of an extra £20.5 billion per year for the NHS, front-loaded and building up over the next 5 years⁴.

We have, however, already seen an increase in actual spending by the Department of Health and Social Care in England from £112bn in 2009/10 to £122.5bn in 2016/17, whilst services have continued to struggle with growing population pressures and demands⁵.

This means if this plan is to have impact, it won't simply be about the money. We know plans are an essential tool in helping to guide and structure the future. We also know that they often fail to deliver what they promise. For some this is a demoralising process that serves only to put them off engaging in planning at all; for others, it is a necessary reality of creating ambitious objectives. ‘Shoot for the moon. Even if you miss, you'll land among the stars,’ as the ever-positive, although controversial, Norman Vincent Peale famously said⁶.

Above all, we understand that plans are a construct. They are usually the final product of hours of engagement and negotiation, where competing interests fight it out until an uneasy settlement is reached which, in the best-case scenario, is close enough to most people's objectives.

The mark of a good plan is first that it survives this process, and then that it survives contact with reality. The mark of a really good plan is that it goes on to form the basis of what people do on a daily basis, and that it shapes and bends the world to achieve those hard-negotiated ambitions.

In February 2019, it is simply impossible to say what the Long Term Plan will mean in reality. It is difficult therefore to respond in any way that doesn't either just summarise what the plan itself says, or alternatively attributes value to it based on the extent to which it aligns with our own particular perspectives and priorities (guilty as charged – we welcome the strategic direction towards further integration of services to create a health and care system that more readily maps onto the lives, experiences and improved outcomes for the people it serves, whilst being somewhat more sceptical about how achievable some of the objectives are).

Alongside trying to absorb and reflect on the detail of the plan, however, one of the things we've been most interested in doing is understanding other people's perspectives - from all the “worlds” that will need to be positively involved if any of the ambitions are to come to pass. The following is by no means an exhaustive list but is our starter for ten - a summary of what some key people have said, one month on, and what that might mean for the Long Term Plan's chances as it makes contact with reality.

In the 2018 budget, the Chancellor set out “five financial tests” for the Long Term Plan including returning the NHS (and its providers) to financial balance; achieving cash-releasing productivity growth of at least 1.1% per annum; reducing growth in demand through better integration and prevention; improving financial and operational performance through reducing variation; and making better use of capital investment and existing assets.⁷

Whilst Chapter 6 of the Long Term Plan reflects these, elsewhere ‘*new commitments for action that the NHS itself will take to improve prevention*’ are strongly caveated: ‘*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*’. The future of past major integration initiatives such as the Better Care Fund (worth £5.1 billion in 2018) are left uncertain.⁸

The Plan seems therefore to make clear that achieving financial sustainability will require co-ordinated changes and investment in other governmental areas and departments which the Treasury has suggested will not be receiving any increase in funding due to the increase promised to the NHS. And we haven't even got to the “Mysterious Case of the Green Paper on Social Care” yet.

So we might assume that the Treasury (which has been fairly silent since the launch) is not unhappy with the Plan. It is likely it is also withholding judgement until reality bites (when it may well bite too).

In every area, the Long Term Plan itself sets out big and complex ambitions.

They require the development of deep partnership working – lots of this at the intersection of health, care, and everyday life. If we assume much of the rest of central government is currently otherwise occupied, then we might want to look at the response from some other key local partners to see how likely this is to be successful.

Local Government

Both the Local Government Association (LGA) and New Local Government Network (NLGN) have welcomed the key themes in the Long Term Plan, whilst also being critical of what they perceived was missing – a commonly-spotted word being “However...”:

- **Cllr Ian Hudspeth, Leader of Oxfordshire County Council and chair of the LGA’s Community Wellbeing Board** said *‘The plan has a much needed focus on prevention, early support and reducing health inequalities as well as promising investment in primary, community and mental health services. The focus on giving children the best start and on caring for older people in their own homes is right and should complement social care and wider services provided through councils and others. However, the ambition set out can only be fully realised if adult social care and public health services in councils are also properly funded. We feel this is a missed opportunity for the Government to also launch its long awaited adult social care green paper and proposals for the sustainable funding of these services.’*⁹
- **Glen Garrod, Executive Director of Adult Care and Community Wellbeing at Lincolnshire County Council and President of ADASS** noted *‘It is encouraging that the new plan recognises the importance of prevention. However, it is hard to see how this can be delivered with continuing cuts to public health budgets, where spending per person has fell by nearly a quarter since 2015/16. The contribution that local government generally makes, for example in leisure and housing, to prevention needs to be recognised in this context.’*¹⁰
- Beyond the funding arguments, the call for a stronger role for the NHS in public health met with equally strong responses: *‘any suggestion that public health commissioning should change appears unsupported by evidence, and risks narrowing the focus of public health away from social determinants towards a narrower service focus’* said **Ealing Chief Executive and SOLACE Policy Spokesperson Paul Najsarek**.¹¹
- Perhaps most damning was **Adam Lent, Director of the New Local Government Network**, who said of the Plan: *‘There is no sense of the need for a different and potentially difficult conversation between the health service and the population about communities taking on more responsibility. There is no self-analysis of the way the NHS’s hierarchical, status-obsessed culture militates against relationships with patients based on empowerment and collaboration rather than “doctor-knows-best”. Instead, we have a document utterly infused with the belief the NHS is an organisation that can solve its own problems through structural, process and technological fixes.’*¹²
- An article which drew its own response from **HSJ Editor Alistair McLellan** – for those who can’t access it, the title – *‘Local Government should stop criticising the NHS and learn from it’* – could be considered a good summary of his feelings.¹³

Undoubtedly, there are real challenges in the Long Term Plan from a Local Government perspective.

Not least, NHS England’s focus on Integrated Care Systems – *‘central to the delivery of the Long Term Plan’* and by April 2021 covering *‘the whole country, growing out of the current network of Sustainability and Transformation Partnerships (STPs)’*.

This creates challenges for existing CCG and local authority relationships which – where STPs have failed to engage local government successfully – could make a bad situation worse.

These are real concerns, shared by both local authorities and by the NHS organisations working with them trying to make integration a success.

There is, however, also a meta-point about social care funding.

From an NHS and a central government perspective, it would be highly risky to ignore the strength of feeling around the (lack of a) Social Care Green Paper. Local government is saying clearly and consistently that it simply cannot ‘do’ the things that have its name next to them in the Plan without a similarly sustainable funding settlement and roadmap.

That feels like a very real, consistent and reasonable caveat to the welcome of other priorities as set out in the Plan – and the first visible bump as it starts to hit reality. Local government isn’t the only partner critical to realising the objectives of the plan, however.

The Voluntary and Community Sector

The Voluntary, Community and Social Enterprise (VCSE) Sector is an equally important partner – including in relation to improving the management of major health conditions (Cancer, Cardiovascular Disease, Stroke Care, Diabetes, Respiratory Disease and Mental Health Services); in better supporting Children & Young People; and in delivering the broader strategic objectives of the Long Term Plan (including boosting “out-of-hospital” care, personalised care, tackling health inequalities and in supporting wider social goals). All are welcome areas, but none would have made it into the plan if significant action wasn’t still needed on each.

- **Don Redding of National Voices** has responded in detail to the Long Term Plan. Don set out 5 ‘tests’ for the Plan in December 2018 (*Personalisation, Radical, Open and accountable, Voluntary sector, and Equality*). In his January 2019 assessment he notes the positives around personalisation and the ambitions around more collaborative working with the VCSE, whilst sounding several notes of caution both around engagement and accountability across communities and with partners; the lack of an ongoing process of engagement and consultation subsequent to publication; and, above all, the danger of a single disease-perspective that ignores the complexity and pressure created by and for those living with multiple co-morbidities.¹⁴
- **Alex Fox of Shared Lives** similarly welcomes the overall direction and narrative whilst highlighting exactly the scale of transfer of power that is assumed by the targets of 200,000 people having a personal health budget and 900,000 people having access to social prescribing link workers by 2024. He recognises that this is a large-scale change in the way people see the co-creation of health outcomes, and in the relationships between ‘*slimmed down*’ CCGs, VCS and communities.¹⁵
- **Paul Farmer at Mind** shares a mix of positivity about the precedence given to mental health, with an awareness of the scale of change required: ‘*we need a cross-government approach, so that the problems people face in accessing support from other public services including public health, social care, housing and the benefits system are effectively tackled through the spending review in 2019*’.¹⁶
- **Diabetes UK** strongly welcomed the focus on both care and prevention but cautioned ‘*We now need more detail about what steps NHS England will take to ensure there are the resources needed to match these bold ambitions*’.¹⁷
- **Cancer Research UK** – ‘*cautiously optimistic*’ – similarly reflected the importance of prevention in achieving the ambitious targets within the plan. ‘*If the government is serious about preventing cancer, it needs to ensure that local authorities, as well as the NHS, have the money they need to pay for Stop Smoking services and support people to live healthier lives*’. They also noted the challenges around workforce that are highlighted in the Plan and form part of its ambition. Without ideas and actions to address the staffing crisis, they suggest that these will be impossible to achieve.¹⁸

- **Halima Khan, Executive Director of Health, People and Impact at the Innovation charity Nesta** welcomed the ‘*ambition for the health system to proactively tackle health inequalities, use the next generation of technology and increase prevention [...] At the same time, we recognise the challenges of turning the ambitions in the Plan into reality. There are the significant challenges of funding and workforce. However, there are additional challenges beyond even these. To succeed in preventing avoidable ill health, this plan must engage with people differently and in ways that genuinely empower them to take on healthier behaviours. This must be done in ways that don’t create a sense of blame, tick-box approaches or shifting responsibility to patients and frontline staff without the right support and investment. Key to this will be how the NHS works with local government and voluntary and community sector, in ways that reinforce the different strengths of these sectors*’.¹⁹

So, all in all, the VCSE gives a qualified welcome to the Plan – recognising and praising its ambitions as being the right ones but noting, as is becoming a theme, that the achievement of these ambitions will involve some uncomfortable and significant changes in where power sits, in how services are funded, and in how the NHS itself operates within a partnership context.

And what is clear from the response of key partners so far is that, however much consultation has gone into the planning process, they don’t yet see this as ‘their’ plan...

The Health Sector

The NHS (and the government) might see the extra £20bn as NHS money and the NHS's responsibility; and the Long Term Plan as therefore needing to set out the delivery of corresponding objectives for the NHS.

As anyone who has ever worked within or with NHS services will recognise, however, the NHS is in reality a massively complex entity and rarely holds a singular perspective on anything - the Long Term Plan being no exception.

- **Chris Hopson, Chief Executive of NHS Providers** sums up the feelings of many on the frontline: *'This plan cannot be delivered whilst trusts still have 100,000 workforce vacancies. We need urgent action to solve what trust leaders currently describe as their biggest problem. It's a major concern that we will have to wait longer to get the comprehensive plan that is needed here.'*²⁰
- **Whilst promising continuing engagement locally and nationally, the BMA said,** *'We have been clear that while it sets out welcome ambitions, these will be difficult to deliver in the face of inadequate funding, staffing gaps, pressures on social care, and the risks that Brexit poses to the NHS.'*²¹

Concerns about workforce run through the response of the NHS community – a general welcome for the ideas and ambitions, whilst struggling to see how it can be made a reality whilst the sector is carrying current levels of vacancies.

- **As an excellent synopsis of the challenges, Dr Chris Moulton, Vice President of the Royal College of Emergency Medicine's** response included the following:

'On face value, the NHS long-term plan is ambitious, optimistic and considered. Within it there are many fine aims which, if delivered, will improve care for some patients.

However, we fear that there are incompatibilities with expectation and reality; particularly when considering the gap between what is being promised and what is being provided.

As others have rightly pointed out, the viability of this plan will not only be conditional on tackling workforce shortages – and ensuring that those staff that we have do not leave the NHS – but also on adequate funding for both public health and social care.

The plan leans towards prevention rather than treatment, yet there has been no halt to the cuts in public health funding and this settlement does not include any increase.

Embedding social care teams in the emergency department may well be a good idea, but social care has been in a dire state for a long time and the green paper on it has been delayed for many years.

*Aiming to relieve pressure on hospitals by shifting towards care in the community is commendable, and patients naturally want to be treated as close to home as possible. But if this change is to work then this care must be available, like emergency care, 24/7. This will need serious commitment on the part of other specialities and agencies.'*²²

- **Professor Helen Stokes-Lampard of the Royal College of GPs** echoed the same message – welcoming the ambition and focus on primary care but focusing above all on how to make the ambition realistic, given the current challenges: *'These bold ideas need to be underpinned by a robust and comprehensive workforce strategy and a sustainable funding settlement for general practice through the GP contract. We will continue to work with NHS England to make these a reality for GP teams and their patients as soon as possible.'*²³

Health thinktanks have unsurprisingly reflected on the same anxieties being heard across the sector.

From The King's Fund, The Nuffield Trust and The Health Foundation we hear the same message – "this is a plan full of good and correct ideas, but we are concerned that it won't be able to deliver its ambitions".

- **The King's Fund** greeted the announcement of the plan but said, *'while today's plan is a significant step forward, a number of questions remain unanswered. There should be no illusions about the scale of the challenge ahead.'*²⁴
- **Nuffield Trust Chief Executive Nigel Edwards** said: *'The goals of this plan look right – carrying on with joining up care and improving services for older people, while pushing vital issues like heart attack survival and children's health up the agenda. These are the most important issues for patients, and the level of ambition is good. What worries me is how difficult it will be to roll out such wide-ranging changes. There are several big pitfalls ahead.'*²⁵
- **With last words to the Health Foundation's Chief Executive, Dr Jennifer Dixon:** *'This is a pragmatic plan with an ambitious vision to improve NHS care, but making it a reality will be extremely tough given growing pressures on services, widespread staff shortages and continued cuts to other parts of the health and care system.'*²⁶

Conclusions

So, what do these responses tell us about the Long Term Plan's chances?

In his thoughtful and timely blog, Paul Corrigan has explored the question of ownership of this plan.²⁷

Paul talks in terms of whether the ambitions of the Plan will be sufficiently owned by the people whose lives will be affected and directed by its implementation, and who are essential to its success. He highlights that our 'Brexitised' version of society is currently highly fragmented and that individuals are struggling to recognise collective benefit and seeing activity and benefit in purely individual terms. In this, he is highlighting one part of something that might be the greatest risk (and point to the greatest opportunity) created by the Plan – ownership.

In the whistle-stop tour of responses above, there are clear themes – 'good ideas, what about X' would probably be the neatest synopsis. Each response reflects the perspective of the respondent but, together, they echo common themes. They also echo a common perspective: that this plan is not their plan, but someone else's plan that they are to a greater or lesser extent going to be dependent upon or impacted by.

In a conventional Planning cycle, this would not necessarily be a problem – if the Long Term Plan had a hierarchical relationship with the plans of the organisations it depends on, and if it was intended to "command-and-control" their activity.

The potential challenge ahead is that even if such as relationship existed – and even within the NHS, relationships are far more complex – the Long Term Plan will succeed or fail by its ability to create different outcomes, and you can't command and control outcomes.

The Plan is now working its way through the various planning processes in the STP areas and giving birth to sub-plans which are designed to come together and to create a roadmap in October 2019. This is, again, a standard next step in Planning processes of this kind but not one which necessarily leads to success.

Consultation and design processes, as this has been, can create plans that look neat and feasible on paper, but fall short of the emotional engagement that enables the trade-offs that are a necessary part of creating practical change – the conversation that says, 'We all agree that we can't do everything tomorrow'.

Do we trust that we are all going to try to do everything in this plan; and, if so, where do we collectively think we should start?

None of the challenges ahead are necessarily weaknesses in the Plan, nor are they necessarily anyone's 'fault'. They are simply the reality we are living with now (and the reasons why so many previous plans have failed, in the end, to deliver).

None of this can be solved by any one bit of the system alone, and no single plan could ever address them in their entirety. Instead, these complex problems will need to be worked through collaboratively and maturely, in a frame which feels genuinely shared.

However it came into being, the implementation of the Long Term Plan will need to be co-designed and co-delivered, and it will involve managing complexity, prioritising, and making some shared and difficult choices.

In the current context, NHS England has a key role to play in managing the strategic ambitions, the expectations at a central government level, and the overall direction. Yet it is in its ability to operate within a system and network of peers that it will unlock the energy and pragmatism that is needed to create real change.

The Long Term Plan is perhaps as good a starting point as any, but the process of listening, hearing and responding to feedback at all levels is both critical, and just beginning.

A final reflection on responses to-date: maybe one way to judge the success of the Long Term Plan will be that, at the end of the decade, the idea of the NHS leading production of a plan for national health and care would seem strange.

Perhaps the overall ambition for what follows should be something that is jointly written, delivered and owned by the organisations and people who will be critical to delivering its success. This would be an implementation of the Long Term Plan where it will be impossible to summarise the 'responses' of system leaders across areas such as local government and the voluntary and community sector, or in terms of commissioners and providers, managers and staff, because their voices will already be embedded in a roadmap that articulates both their ambitions and their role in translating them into reality.

Achieving that would be one very real measure of whether this plan will succeed, where its siblings fell short.

Links

- ¹ <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf>
- ² <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>
- ³ <https://www.england.nhs.uk/publication/next-steps-on-the-nhs-five-year-forward-view/>
- ⁴ <https://www.gov.uk/government/news/prime-minister-sets-out-5-year-nhs-funding-plan>
- ⁵ <https://www.kingsfund.org.uk/projects/nhs-in-a-nutshell/nhs-budget>
- ⁶ https://en.wikipedia.org/wiki/Norman_Vincent_Peale
- ⁷ <https://www.gov.uk/government/publications/budget-2018-documents/budget-2018>
- ⁸ <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf> p32-33
- ⁹ <https://www.ukauthority.com/articles/lga-criticises-nhs-long-term-plan/>
- ¹⁰ <https://www.caremanagementmatters.co.uk/nhs-long-term-plan-published/>
- ¹¹ <https://www.lgcplus.com/services/health-and-care/paul-najsarek-moving-public-health-to-nhs-risks-a-narrower-focus/7027360.article>
- ¹² <http://www.nlgn.org.uk/public/2019/the-nhs-plan-has-a-massive-community-shaped-hole-at-its-core/>
- ¹³ <https://www.hsj.co.uk/policy-and-regulation/local-government-should-stop-criticising-the-nhs-and-learn-from-it/7024340.article>
- ¹⁴ <https://www.nationalvoices.org.uk/blogs/prove-it>
- ¹⁵ <https://alexfoxblog.wordpress.com/2019/01/11/the-nhs-long-term-plan-2/>
- ¹⁶ <https://www.mind.org.uk/news-campaigns/news/mind-responds-to-nhs-long-term-plan/#.XFshMHd2tPY>
- ¹⁷ https://www.diabetes.org.uk/about_us/news/long-term-plan-response
- ¹⁸ <https://www.cancerresearchuk.org/about-us/cancer-news/press-release/2019-01-07-cancer-research-uk-cautiously-optimistic-over-the-nhs-england-long-term-plan>
- ¹⁹ <https://www.nesta.org.uk/blog/nesta-response-new-long-term-plan-nhs-england/>
- ²⁰ <https://nhsproviders.org/news-blogs/news/nhs-long-term-plan-trusts-are-committed-to-creating-world-class-services>
- ²¹ <https://www.bma.org.uk/collective-voice/policy-and-research/nhs-structure-and-delivery/nhs-long-term-plan>
- ²² https://www.rcem.ac.uk/RCEM/News/News_2019/RCEM_response_to_NHS_Long_Term_Plan.aspx
- ²³ <https://www.rcgp.org.uk/about-us/news/2019/january/nhs-long-term-plan-aspirational-says-rcgp.aspx>
- ²⁴ <https://www.kingsfund.org.uk/press/press-releases/kingsfund-response-nhs-long-term-plan>
- ²⁵ <https://www.nuffieldtrust.org.uk/news-item/staff-shortages-and-prospect-of-no-deal-brexit-threaten-to-undermine-ambitious-nhs-plan-nuffield-trust>
- ²⁶ <https://www.health.org.uk/news-and-comment/news/nhs-long-term-plan-launch>
- ²⁷ <http://blog.pauldcorrigan.com/2019/01/16/what-do-you-mean-our-nhs-plan-it-always-felt-like-yours-to-me/>

