

FIVE TESTS FOR THE NHS LONG-TERM PLAN

The new NHS long-term plan is a significant opportunity for the health service. It can set out a clear and achievable path for sustaining and improving patient care, and help cement political and public trust in the NHS.

In recent years, despite growing workforce and financial pressures, the NHS provider sector has delivered significantly more for patients. It has:

- treated more patients than ever before within constitutional standards, with the NHS as a whole seeing more than 1.4 million patients every 24 hours
- maintained and, in many cases, improved the quality of care
- realised very large levels of efficiency savings and gained control of the sector deficit
- pioneered new models of care and supported system working, playing a key role in joining up health and care services.

The NHS is a high performing but complex system. There is a long path ahead if we are to fulfil our ambitions for the service. The plan needs to set out where the NHS needs to be and how it will get there. But it must also be firmly grounded in the reality of where the NHS currently is. The provider sector comprises 227 NHS foundation trusts and trusts across England delivering acute, ambulance, community and mental health services. In 2017/18 it accounted for £84bn of the NHS's £110bn budget. Yet it ended 2017/18 with a deficit of nearly £1bn, sustained underperformance against constitutional targets, an ageing infrastructure misaligned with care needs, and an overall 8% staff vacancy rate.

The last four years have shown that setting trusts an unrealistic task locks them into a debilitating cycle of failure where they can't meet financial and operational targets, irrespective of how hard their frontline staff work.

This is why the long-term plan must not just set out a bold and ambitious vision for the next ten years. It must also reset what is asked of providers so that the vast majority of trusts, performing well, can return to being successful. It is vital that frontline trust leaders and staff are confident the plan achieves both these objectives.

The long-term plan and the funding uplift are not the end of the story

The NHS will receive increased real terms funding of £20.5bn over five years, an average 3.4% per year overall. That funding uplift will sit within the NHS ringfence, and does not include public health, training and education, and capital spending. Neither does it take account of the significant external risks, in particular, social care and the question of how Brexit will impact the NHS. The government must therefore ensure that we:

- secure a Brexit agreement that protects the NHS
- sustainably solve the current crisis in social care
- have a fully funded multi-year plan to meet the NHS' capital needs and its education and training needs
- invest the amount required in public health to meet our long-held ambitions on prevention and promoting health and wellbeing.

These are integral to the NHS' ability to make best use of the increased funding and see sustained improvements across outcomes and service delivery.

Five NHS provider sector tests

Our five tests are therefore:



The plan is centred around patients, service users, carers and families



The plan is realistic and deliverable



The plan is underpinned by a credible workforce strategy



The plan lays the groundwork for a transformed, sustainable, high-performing service



The plan supports local good governance, autonomy and accountability

The plan is centred around patients, service users, carers and families



The services and systems in the plan are designed and developed in partnership with people who use them and staff delivering care. The plan is focused on the outcomes that matter to people and tailors care to their needs and goals, and seeks to improve the way people experience and interact with health and care services.

Measures:

- There is full commitment to understanding the experiences and views of people and communities using services, and the voluntary, community and social enterprise (VCSE) organisations that support and represent them. Patients, service users and the VCSE are treated as equal partners in decision making and service design.
- The NHS frontline – drawing on clinical and organisational expertise – has input into the development and implementation of the plan.
- The plan supports local health and care services to continue making progress in providing more seamless and joined up services for patients and services users, recognising the work already undertaken, as well as the variety of local systems and range of support needed.
- There is a clear national strategy, incorporating the need for political support and communicating the plan to the public, including any changes and improvements over time to local services.
- The plan recognises that a separate process to review social care is underway, but properly works with and supports local government and clinicians to create sufficient alignment.

The plan is realistic and deliverable



The expectations set out in the plan reflect the comprehensive and high-quality care the NHS should deliver to patients and service users every day. A holistic view of health, care and wellbeing is taken across primary, community, secondary and social care, with appropriate emphasis on the wider determinants of health. In the secondary care sector, existing and additional performance standards are fully funded, take account of the current position on workforce, and are deliverable within the timeframe required. The overall financial and performance task set for the provider sector and the wider NHS can be sustainably delivered so that the vast majority of trusts, performing well, can deliver what is asked of them.

Measures:

- The plan recognises the reality of the increasing demand for care that will come from an ageing population and the increased acuity and complexity this will bring. The plan must honestly and realistically set out how the health and care system will meet these demands.
- Patient safety and outcomes for patients and service users are protected and improved.
- Trusts have a clear implementation plan, with realistic recovery trajectories for finance and performance, and are only set performance requirements backed up with full funding.
- Realistic assumptions are made about productivity and efficiency gains, demand management and the speed and scale of any benefits derived from change or transformation programmes.
- The plan helps to make the most of the money available by setting out a new financial architecture. This should maximise the level of funding reaching frontline organisations, better enabling both greater spending on care and sustainable delivery of care.
- Priorities are clearly identified and, where difficult choices need to be made, this is done through a transparent, open and clearly communicated process.
- There is an explicit measurement of what trusts are being asked to deliver against their current delivery capacity and capability.
- The plan recognises that consistently providing care as early as possible and in the right setting will require fundamental reform of the primary care sector with significant emphasis on reducing health inequalities, and making the system work for vulnerable and hard to reach groups.



The plan is underpinned by a credible workforce strategy

The plan needs to help make the NHS a great place to work. Demands on staff should be reasonable, with NHS staff given an achievable service delivery and performance task in their day-to-day jobs. We need to ensure that we have the right staff, in number and skill mix, in the right place at the right time, with staff appropriately rewarded, valued and supported.

Measures:

- The plan is aligned with a credible NHS workforce strategy that, taken together, set out a credible vision of the future skills mix, staff numbers and funding needed to take new models of care forward and ensure safe staffing levels. The future workforce supply should be maximised, with plans based on realistic projections of supply in the coming years.
- Delivery plans explicitly take full account of the workforce shortages the service will experience for the next few years, with the scale of the delivery task set accordingly.
- Pay uplifts are fully and transparently funded nationally, in line with recommendations from the independent review bodies.
- There is a commitment to support and develop NHS leaders, recognising the scale of the challenge they face, and ensuring there is capacity and capability across the NHS to undertake any change or transformation.
- There is recognition of the importance of a learning culture and the adverse impact staff burnout and low morale can have on patient safety, quality of care and productivity. Steps to promote staff engagement and safe, consistently manageable workloads are clearly set out. Substantive steps are taken – through organisational development, staff engagement and cultural change programmes – to create and maintain successful organisations.
- The plan recognises the need to recruit and retain staff from Europe and internationally to support workforce supply and diversity.

The plan lays the groundwork for a transformed, sustainable, high-performing service



The plan strikes the right balance between recovering short-term performance and long-term transformation, recognising that the existing model of providing services is no longer sustainable. The NHS is supported to make long-term investment decisions which balance the need to transform, deliver high quality services and achieve appropriate productivity and efficiency gains.

Measures:

- There is a clear blueprint for how the NHS will transform, with a well worked through and robust implementation plan that includes appropriate investment and allows for double running. This takes proper account of frontline capacity and capability to drive transformation given current workforce and operational delivery pressures.
- The transformation plan takes full account of what has been learnt from the new care models programme, and the value of quality improvement programmes, and sets out a clear path to implement this learning at pace and scale. This includes ensuring the co-ordinated support of the arm's-length bodies, and ensuring local systems have the permission to 'fail fast and learn faster'. The plan also needs to recognise how investing in different ways of sharing learning, building networks and bringing people together were critical to the success of the new care model vanguards.
- Planning and financial frameworks support the NHS to make long-term investment decisions.
- The plan includes recognition that achieving further productivity and efficiency increases will come from investment in long-term improvement, and that further increases are not possible from unsustainable non-recurrent sources or salami slicing.
- Demand for services is managed, through patients and service users accessing the NHS at the most appropriate time and place for their needs, and through an emphasis on prevention and providing care upstream through joined up primary, community and social care services.
- Investment in technology is ambitious and fully funded, recognising that although it is not an end in itself, technology offers significant potential for the NHS to do more – across improving patient care and outcomes, productivity and efficiency.

The plan supports local good governance, autonomy and accountability



The plan recognises that NHS delivery takes place at the frontline, and cannot be dictated from the centre. From this flows recognition of the importance of NHS trust boards working within strong local health and care systems, coupled with responsiveness to the views and needs of staff and communities, respect for good governance, and legal decision making.

Measures:

- The plan sets out, in concrete terms, how NHS Improvement and NHS England will realise their stated ambition of supporting trusts and local systems to improve, moving away from a rigid, top down, command and control, approach that over-emphasises regulation and performance management.
- In establishing and maintaining new models of care and system working, the plan needs to be clear on either adhering to the current legislative framework or setting out proposals for change.
- The importance of good governance through strong organisational boards, working within strong local systems, is recognised and supported in the interactions of the national and local NHS bodies.
- The plan supports local health and social care systems to work together, including reference to the implications of shared financial planning, risk management, governance and regulation.
- Lines of accountability and powers of delegation are clear, and underpinned by appropriate organisational autonomy.
- The value of diversity is recognised and expectations raised for how NHS organisations reflect the make up of their workforce and communities.
- The principles of good regulation, including a proportionate risk-based approach, are upheld.
- The plan is developed and monitored in a way that promotes and reflects good governance, autonomy and accountability.

The tests we set out here are focused on establishing the building blocks of an ambitious and sustainable public service. They are written from the perspective of the provider sector – 227 NHS foundation trusts and trusts delivering acute, ambulance, community and mental health services – who account for £84bn of the NHS’ £110bn budget and will play a lead role in delivering the plan.

For more information:

www.nhsproviders.org/five-tests-for-the-nhs-longterm-plan

Suggested citation:

NHS Providers (September 2018), *Five tests for the NHS long-term plan*