

NHS Long Term Plan Implementation Framework

The NHS Long Term Plan (the long term plan), published in January 2019, set out a number of ambitions for ensuring the NHS is fit for the future, and consolidated the expectation that local partners would increasingly plan and work collaboratively within Sustainable Transformation Partnerships (STPs) and Integrated Care Systems (ICSs). The [NHS Long Term Plan Implementation Framework \(the implementation framework\)](#) published today, underpins the long term plan and requires system partners (within both STPs and ICSs) to create five-year strategic plans by November 2019 covering the period 2019/20 to 2023/24. The Implementation Framework sits alongside NHS England's recently published briefing [Designing integrated care systems \(ICSs\) in England](#)

This briefing summarises the implementation framework. It is divided into key sections of System Development, LTP Delivery, Service Transformation, Workforce, Digital, Funding and Financial Planning, Next Steps, and NHS Providers view.

Key points

- The implementation framework sets out the expectation that STPs and ICSs create five-year strategic plans by November 2019, covering the period 2019/20 to 2023/24. These plans should be based on realistic workforce assumptions and deliver the commitments in the long term plan
- The national bodies will use the aggregate assumptions within system plans to inform a national implementation plan to be published by the end of the calendar year. This will enable NHS England to cross check collective resourcing assumptions against the outcome of the Government's Comprehensive Spending Review, particularly with regard to the funding envelopes for capital, education and training, public health and social care once they are confirmed
- The implementation framework makes clear that each system plan will be unique as systems will have substantial freedoms to respond to local need and prioritise the pace of delivery for the majority of commitments. However it also states that some commitments are 'critical foundations' for service transformation and system development and that systems will need to demonstrate plans for organisational financial recovery
- The implementation framework clearly asks STPs to demonstrate how they will progress against the maturity matrix to become a 'developing ICS' in addition to delivering the commitments in the long term plan
- Indicative and targeted funding allocations to deliver commitments within the long term plan over the next five years, are outlined in Annex A.

System Development

The implementation framework states that STPs will be required to show in their plans how they will develop to ICS level by April 2021, as set out in NHSE/I's recently published guidance on [Designing integrated care systems \(ICSs\) in England](#). This document includes the 'maturity matrix' against which system partners can assess their progress, and the freedoms and flexibilities which could be awarded to mature systems. We provide a summary of this document and our view in our [recent briefing](#).

In order to achieve ICS status, STPs must satisfy the requirements in the 'Maturing ICS' column of the maturity matrix, particularly;

- Collaborative and inclusive multi-professional system leadership, partnerships and change capability, with a shared vision and objectives including an independent chair
- An integrated local system, with population health management capabilities which support the design of new integrated care models, strong primary care networks (PCNs) and integrated teams and clear plans to deliver the service changes set out in the long term plan
- Developed system architecture, with clear arrangements for working effectively with all partners and involving communities as well as strong system financial management and planning including a way forward for streamlining commissioning and plans for meeting the agreed system control total and moving towards system financial balance
- A track record in delivering nationally agreed outcomes and addressing unwarranted clinical variation and health inequalities
- A coherent and defined population, where possible contiguous with local authority boundaries.

ICSs should focus on delivering the remaining commitments of the long term plan and increased service transformation.

The implementation framework also asks systems to set out how they see the provider and commissioner landscape developing and references further important documents yet to be published by NHSE/I:

- Guidance for provider groups being published later in 2019
- A new 'fast track' approach to assessing transactions for groups in the latter part of 2020
- The Integrated Care Provider Contract during summer 2019.

Primary Care Networks (PCNs)

The implementation framework states that by July 2019 all of England will be covered by PCNs, supported by almost £1.8bn by 2023/24 linked to clear deliverables, as set out in the [five-year framework for GP contract reform](#).

During 19/20, PCNs will implement a plan to develop further including the requirement to select and progress specific projects to improve care for their population, driven by collaboration, giving examples of anticipatory care requirements with community services, enhanced health in care homes, structured medication review requirements for priority groups, personalised care and early cancer diagnosis support.

The implementation framework outlines previously announced funding allocated to PCNs, and reconfirms commitments made in the long term plan, while reiterating the requirement for PCNs to collaborate with other system partners.

Long Term Plan Delivery

The implementation framework makes clear that systems will need to deliver all the commitments in the long term plan but that systems can prioritise how this will be achieved according to local need. The document separates more urgent deliverables within the long term plan, or 'foundational elements' (described in chapters 2 and 3), from the less urgent 'wider service transformations' (described in chapters 4 and 5), including prevention (smoking, obesity, alcohol, air pollution and antimicrobial resistance), maternity and neonatal services, services for children and young people, learning disabilities and autism, cardiovascular disease, stroke care, diabetes, respiratory disease, research and innovation, genomics, volunteering and wider social impact (see also: Annex D). For each of these areas, the framework outlines key long term plan commitments that should be addressed in system plans, funding that will be made available (with further detail in Annex A) and in most instances, further information detailing national support on how to achieve these goals.

Service Transformation

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

The framework states that in terms of service transformation, at a minimum, system plans should focus on four things:

1. Meeting the new funding guarantee
2. Supporting the development of PCNs
3. Improving the responsiveness of community health crisis response services to deliver the service within two hours of referral and reablement care within two days of referral
4. Creating a phased plan of the specific service improvements and impacts they will enable primary and community services to achieve, year by year, taking account of the national phasing of the new five-year GP contract.

This part of the plan must ideally be agreed with community providers and other care providers, and PCN clinical directors. It should also be subject to dedicated discussion at all Health and Wellbeing Boards.

Meeting the new funding guarantee

For each of the four years from 2020/21 to 2023/24, system plans must set out, indicatively, how they are going to meet their portion of the new primary medical and community health service funding guarantee of a £4.5bn real terms increase in 2023/24 over 2018/19 planned spend. This equates to a £7.1bn cash increase and covers primary medical, community health and CHC spend. Every region must deliver its share of the additional funding to the frontline from April 2020 onwards; therefore every system will have to agree its share with the regional teams and use that figure to inform its plans. In 2023/24, the funding guarantee will directly apply to every ICS without exception.

Systems should do this openly and in consultation with their community providers and PCN clinical directors. As they do this, systems will need to ensure they fully honour the GP contract entitlements over and above existing baseline spend. They will need to show the distribution of funding across primary care, community health and CHC services.

Supporting PCNs

Systems should prioritise helping PCNs build constructive relationships with their community partners. Dedicated national funding will be made available, as set out in the paper *Implementing the NHS long term plan in primary and community services* discussed at the NHSE/I board meetings in common today.

Strategic priorities for community services

The four strategic priorities for community services are:

1. Delivering improved responsiveness of crisis response within two hours and reablement care within two days;
2. Providing 'anticipatory care' jointly with primary care (a joint enterprise with GP practices as part of PCN delivery);
3. Supporting primary care to developed enhanced health in care homes (a joint enterprise with GP practices as part of PCN delivery);
4. Building capacity and workforce to do these three things, including by implementing the Carter report and using digital innovation.

System plans must set out an initial view of the services improvements they are aiming to achieve over the next four years. Systems will need to take into account the phasing of the new GP contract including the seven new national service specifications and full implementation of the final years of the pre-existing GP Forward View commitments. The schedule of improvements must be agreed with community providers and PCN clinical directors and be linked to meeting the new funding guarantee.

Reducing pressure on emergency hospital services

System plans should show how local urgent and emergency care services will continue to develop to provide an integrated network of community and hospital based care. Where systems can reduce the pressure on their emergency services they will benefit from a financial, capacity and staffing 'dividend' that can be reinvested in local priorities. Learning from the pilot sites testing new standards under the Clinical Review of Standards will be considered before any changes are recommended for wider roll out.

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

Systems will be expected to set out how they will use the funding available to them to implement all six components of the NHS *comprehensive model for personalised care* including the employment of social prescribing link workers by PCNs.

System plans should reflect NHSE/I's commitment to increase its contribution to funding children's palliative and end of life care services including children's hospices, by match-funding CCGs where they commit to increase their local investments.

Digitally-enabling primary care and outpatient care

By the end of July 2019, NHSE/I will confirm targeted funding for health systems as part of a programme to deliver digital first primary care. Selected sites in each region will test and validate the digital first primary care approach. Regional teams and systems will support subsequent bids for funding during summer 2019. Systems should set out in their plans how they will increase the use of digital tools to transform outpatient services and provide more options for virtual outpatient appointments. Systems should identify which specialties they will prioritise as they work towards removing up to a third of face-to-face outpatient visits a year.

Better care for major health conditions

Improving cancer outcomes

By 2023/24 over £400m of additional funding will have been distributed to Cancer Alliances on a 'fair shares' basis to support the ambitions in the Long Term Plan. Targeted funding will also be available to support the development and spread of innovative models of early identification of cancer.

The implementation framework reiterates the priority interventions for improving cancer outcomes set out in the Long Term Plan and provides an update on ambitions for the development and spread of innovative models for early diagnosis. Targeted funding will be available to support these models, which includes:

- From April 2020, lung health checks, already being established in ten areas of the country, will be continued to be rolled out across the country in areas with higher mortality rates
- By October 2019, NHSE/I will agree the next steps for Rapid Diagnostic Centres (RDCs), the first round of which are currently being implemented.

Improving mental health services

Funding to deliver the commitments set out in the Five Year Forward View for Mental Health and the Long Term Plan will be available via a mix of CCG baseline allocations and transformation funding available over the five-year period. System plans must now set out how they will meet this mental health investment standard and use the additional funding. This includes how they will deliver against the patient and carers race equality framework which NHSE/I are currently developing.

All appropriate specialised mental health services and learning disability and autism services will be managed through NHS-led provider collaboratives over the next five years. NHS-led provider collaboratives will become the vehicle for rolling-out specialist community forensic care.

The specialised commissioning mental health budget will be increasingly devolved to lead providers for adult low and medium secure mental health services, CAMHS Tier 4 services and adult eating disorder inpatient services. NHS-led provider collaboratives will be able to reinvest savings they make in improving services and pathways.

Growing CCG allocations across the five-year period are available to systems to stabilise and expand core adult and older adult community teams for adults and older adults with severe mental health illnesses. This includes delivering against adult and children and young peoples' community access standards once agreed, services for people with specific and complex needs for people with a diagnosis of 'personality disorder', Early Intervention in Psychosis (EIP), adult eating disorders, and mental health community rehabilitation. In addition, all areas will receive a fair share of transformation funding from 2021/22 to 2023/24 to deliver these services in new models of care integrated with PCNs.

The implementation framework provides more specific detail on the priority areas that were set out in the long term plan, including funding arrangements. In addition to CCG baseline funding all local areas will receive an additional fair share funding allocation to support these nationwide mental health priorities:

- 345,000 additional children and young people (CYP) aged 0-25 will be able to access support via NHS-funded mental health services (in addition to the Five Year Forward View for Mental Health's commitment to have 70,000 additional CYP accessing NHS Services by 2020/21)
- Expansion of access to specialist community perinatal mental health services in 2019/20;
By 2020/21 there will be 100% coverage of 24/7 adult crisis resolution and home treatment teams operating in line with best practice
The continued expansion CYP mental crisis services so that by 2023/24 there is 100% coverage of 24/7 crisis provision for CYP which combines crisis assessment, brief response and intensive home treatment functions
The development of local mental health crisis pathways including a range of complementary and alternative services so that by 2023/24 there is 100% roll out across the country.

Further funding allocations will be made to individual systems in consultation with the regions for:

- Salary support for IAPT trainees (approximately 60% of salary), will be available from 2019/20 to all areas in accordance with the number of trainees recruited
- Development of school or college-based Mental Health Support Teams (MHSTs) in all regions, which will contribute to the additional 345,000 CYP access figure.

Detail of the funding available for each of these initiatives and allocations to individual systems will be decided through the five-year planning process.

Targeted funding will also be available to specific sites for a range of smaller initiatives and pilots. In addition to those described in the long term plan, this includes:

- Funding for the development and testing of maternity outreach clinics in 2020/21 and 2021/22 ahead of national roll-out
- Funding to pilot new models of integrated primary and community care for adults and older adults with severe mental illnesses in 2019/20 and 2020/21

- Developing a hub and spoke model for problem gambling from 2019/20
- Completing the piloting of Specialist Community Forensic Care and women's secure blended services by 2020/21.

Shorter waits for planned care

Systems need to set out how they will expand the volume of planned surgery year-on-year, cut long waits, and reduce the size of waiting lists over the next five years. Systems should confirm they are continuing to provide patients with a wide choice of options for quick elective care, including expanding provision of digital and online services.

Systems will ensure that no patient will have to wait more than 52-weeks from referral to treatment (RTT). They will also need to implement a planned NHS-managed choice process across the country for all patients who reach a 26-week wait, starting in areas with the longest waits and rolling out best practice through a combination of locally established targeted initiatives and nationally-driven pilots.

By 2023/24, all patients should have access to First Contact Practitioners (FCP), providing faster access to diagnosis and treatment for people with MSK conditions and more effective support for self-management, in line with the updated FCP specification. Mature systems will be expected to achieve a faster pace of mobilisation. Systems should also set out how they will expand access to other MSK support services, including via digital and online routes.

Systems will be supported through national improvement and clinical improvement programmes, including GIRFT and NHS RightCare.

Workforce

The implementation framework reiterates the key messages of the [interim NHS People Plan](#) published earlier this month, highlighting four priority areas for systems to address in workforce planning:

- **Leadership and culture** – A key focus of the interim People Plan, systems will be asked to establish the cultural values and behaviours expected from senior leaders and create a single talent management process to be used across the footprint
- **NHS as the best place to work** – The framework highlights the need for systems to set BME representation targets for their leadership teams and broader workforce by 2021/22 and respond to the new Workforce Disability Equality Standard, while doing more to improve staff health and wellbeing and enable flexible working
- **Workforce transformation** – The framework emphasises the importance of a holistic approach to staff numbers, calling for “more people, working differently”. System plans should address:
 - planned workforce growth in different staff groups (taking efficiency plans into account);
 - plans for improving retention, international recruitment and use of the apprenticeship levy;
 - and,

- workforce efficiency plans (within wider efficiency and productivity strategies), including changes in skills mix, reductions in sickness absence and “better use of scientific and technological innovation”.
- **Workforce devolution** – As part of the new operating model for the workforce outlined in the interim People Plan, systems are being asked to describe how they will develop capacity, capability, governance and ways of working to enable more workforce activity to take place at ICS level. This will be supported by better sharing of data between HEE, systems and other arms-length bodies.

The implementation framework also sets out some assumptions for pay growth, at 2.1% (outside the AfC pay deal) per year through to 2023/24. This level is consistent with the pay rises just announced within the new junior doctor contract.

Digital

Systems will need to produce digital strategies and investment plans that describe how digital will support wider transformation plans. In their strategies systems must describe:

- How and when organisations will achieve a ‘defined minimum level of digital maturity’
- How they will adopt global digital exemplar blueprints
- How they will adhere to controls and use approved commercial vehicles such as the Health System Support Framework to ensure technology vendor and platforms comply with national standards

NHSX will ensure the NHS has clear guidance and support to accelerate this digital provision. The priority will be defining and mandating standards, which systems will need to comply with. These include:

- By 2021 all systems to be 100% compliant with cyber security standards, including migration to Windows 10 by June 2021
- By 2021/22 all NHS organisations will have a chief clinical information officer (CCIO) or chief information officer (CIO) on the board
- Ensure patients and authorised carers can access personal healthcare records.

Access to central funding (both revenue and capital) to support these strategies will be managed and coordinated by regional teams. ICSs and STPs will be expected to establish an ‘affordable and realistic’ pipeline of digital investment in each region within the funding envelope available to them. Regional CCIOs along with regional digital directors of digital transformation will ensure investment is directed towards national strategic programmes.

Funding and financial planning

Five year CCG allocations have already been set for the period to 2023/24. In addition to this, systems will receive funding allocations on an indicative, ‘fair shares’ basis, to support systems meet their long term plan commitments for mental health, primary medical and community services, cancer and some other commitments. Access to this ‘fair share’ funding will be conditional upon systems having strategic plans

agreed with their regional teams. More mature systems will have greater autonomy over how additional resources can be used. Indicative allocation for this funding will be communicated alongside the implementation framework.

On top of the CCG allocations and 'fair share' system allocations, further funding will be made available to test specific long term plan commitments where a general distribution is not appropriate. This targeted funding will be used to support the delivery of various elements including: mental health, primary medical and community services, technology, cancer, cardiovascular disease, stroke, respiratory, children and young people and maternity. Access to this funding will be communicated at a future date.

Financial requirements

System plans will be expected to demonstrate how they will meet various commitments linked to the long term plan. These include:

- Plans must demonstrate how systems will meet the government's five financial tests set out in the long term plan. These include: returning to financial balance; achieving cash-releasing productivity growth of at least 1.1% (with an additional 0.5% for providers in deficit); reducing growth in demand for care through integration and prevention; reducing variation; and making better use of capital investment. Financial recovery plans will be required for each NHS organisation not in financial balance
- The long term plan committed national investment worth £4.5bn a year real terms (£7.1bn cash) for primary medical and community health services. System plans must set out how they will increase spending in these areas, increasing overall CCG spending plus additional allocations
- The long term plan also committed to a new ring fenced mental health local investment fund worth £2.3bn year by 2023/24. Plans need to set out how CCG spending will meet the requirement of the mental health investment standard, with additional funding spent on top of this growth
- System plans will need to set out how they will use funding to implement all six components of the NHS Comprehensive Model for Personalised Care
- Plans should identify specialties they wish to prioritise virtual outpatient appointments
- Selected sites will test and validate digital first primary care innovations. Regions will work with systems to identify accelerator sites and bid for funding
- NHS-led provider collaboratives will roll out specialist community forensic care, with specialised commissioning mental health budgets becoming increasingly devolved directly to lead providers
- Activity plans should set out how systems will use the increase in their allocations to improve the volume of elective treatments year-on-year, cut long-waits and reduce the size of the waiting list. They also need to set out how digital tools will transform outpatients, removing up to a third of face-to-face outpatient visits.

Financial assumptions for strategic plans

To aid systems with their plans, the framework sets out a number of financial assumptions for the years ahead. National tariff prices are expected to rise by 1.3% in 2020/21 and 2021/22, and then 0.9% in 2022/23

and 2023/24. These assumptions are for planning purposes so are subject to change, following tariff engagement and consultation process. Some of the core assumptions are included below:

Core tariff assumptions

Element	2020/21	2021/22	2022/23	2023/24
Agenda for change (AfC) pay deal	2.9%	0.7%		
Pay and mix effects - AfC	n/a	2.1%	2.1%	2.1%
Pay and mix – other HCHS workforces	2.1%	2.1%	2.1%	2.1%
Tariff drugs	0.6%	0.6%	0.6%	0.6%
Revenue consequences of capital	1.8%	1.9%	2.0%	2.0%
Other operating costs	1.8%	1.9%	2.0%	2.0%
Weighted inflation	2.4%	2.4%	2.0%	2.0%
Efficiency factor	-1.1%	-1.1%	-1.1%	-1.1%
Tariff uplift	1.3%	1.3%	0.9%	0.9%

Clinical Negligence Scheme for Trust (CNST) contributions are expected to grow by 10.5% on average across the sector during this period. Systems should assume that replacement funding for MRET is available on the same basis and with the same financial distribution as was agreed in 2019/20. The distribution funding in 2020/21 will be notified at a later date.

Systems should also assume that there will be no pressure on employer pension contributions; the cost is being funded centrally in 2019/20 and arrangements for future years will be notified in advance of operational planning. In June systems will be provided with provider-level figures for specialised commissioning funding, with specialised commissioning indicative allocations issued to regions.

Regional teams will work with systems to agree what a realistic and ‘stretching’ bottom line position is in each year. Further detail on the financial framework for 2020/21 and beyond is also expected soon.

Capital

Indicative capital assumptions will need to be produced at a system level. The framework suggests systems may also wish to produce ‘well prioritised list’ of further capital investments beyond the envelope available to them. Systems are asked to contain and prioritise capital spending across their ICS/STP and region, and plan within their envelope. Plans will need to take account of capital requirements across all care settings including digital transformation.

Next Steps

Systems are required to submit plans for delivery through to 2023/24. Initial plans will be submitted by 27th September 2019, with a final submission to follow by 15th November 2019. These plans will require two elements: a strategy delivery plan that sets out what will be delivered over the next five years, with a set of supporting technical material that underpins this delivery (e.g. workforce and activity plans). Templates for the latter will soon be made available. In line with the new operating model, these plans will need to be agreed with regional teams, and will also need to demonstrate how plans have been clinically-led and developed with full engagement of local stakeholders.

Milestone	Date
Publication of the long term plan implementation framework	June 2019
Main technical and supporting guidance issued	July 2019
Initial system planning submission	End of September 2019
System plans agreed with system leads and regional teams	Mid November 2019
Further operational and technical guidance issued	December 2019
Publication of the national implementation programme for the long term plan	December 2019
First submission of draft operational plans	Early February 2020
Final submission of operational plans	By end March 2020

NHS Providers View

We welcomed the ambitious and wide ranging vision in the NHS long term plan which set out, at a top level, what could be delivered for the increased investment made in the NHS by the Government. But we also argued that the 300-plus commitments in the plan needed to be prioritised, to a clear timeline, and aligned to the workforce and financial resources available so that frontline providers can deliver the plan. We also said that it was vital for those frontline organisations to have appropriate freedom to respond to local needs.

We therefore welcome this implementation framework. It brings greater, much needed, clarity for local leaders. It gives clearer priorities and milestones and sets out where there are must do national priorities and where there is scope to fashion a more local set of priorities. It also sets out what support will be available from national bodies to deliver the plan.

We particularly welcome the premise in the implementation framework that systems should phase their plans in step with their development to ICSs status, achieving ‘critical foundations’ for service transformation and system development first, followed by the remaining commitments set out in the long term plan. This reflects a logical acknowledgement of system variation across England, and recognises the

need for tailored support where STPs and ICSs are still developing. The framework encourages ICSs to develop plans that more urgently address the delivery of the long term plan, service transformation, workforce and digital strategies. We look forward to engaging with NHSE/I over its plans to produce further guidance in support of different organisational forms including provider groups, and to streamline the transactions process.

We also welcome the increased focus on using digital solutions to increase efficiency and system wide integration. However, more clarity is required on the definition and criteria for achieving digital maturity. NHS Providers would encourage national bodies to allow system partners to set priorities for the uptake of digital technology in response to local need.

On workforce issues, the implementation framework does not go into any further detail than the recently published interim people plan which is expected. It is likely that system submissions on areas such as planned workforce growth, transformation and skills mix will inform the NHS case nationally for increased workforce development funding in the forthcoming spending review.

On funding and financial planning, the framework worryingly shows that the tariff price assumptions look less generous than the current year, particularly during the last two years of the five year period. The implementation framework also lacks much needed detail on how access to capital will operate in a 'system' context. Regional teams have a significant role in agreeing system level finances, with plans to be agreed by regional directors who will also, with the National Service Transformation Directors, approve the release of additional 'fair share' funding to meet long term plan commitments. This is an expected, but significant, shift in relationships, and approach for NHS providers seeking to access additional funding.

Although trusts and their partners in STPs and ICSs now have much greater clarity over the expectations of system wide planning, it is unfortunate that systems will be required to begin planning in the absence of a clear workforce strategy, or a clear direction on adult social care services and the social care Green Paper. We must therefore remain realistic about how much can be delivered for the extra money provided alongside the long term plan particularly given how far the NHS has fallen behind existing performance standards, the scale of the workforce challenges facing the health and care sector, and the need to deliver more integrated care for patients and service users. We look forward to working with colleagues in NHSE/I and with trusts as they work with their partners to plan more effectively within systems as well as at an organisational level.