

Meeting: Governing Body			
Meeting Date	24 July 2019	Action	Consider
Item No.	5	Confidential	No
Title	Implementation Plan for the NHS Long Term Plan: Implications for Bury		
Presented By	Geoff Little, Accountable Officer		
Author	Geoff Little, Accountable Officer		
Clinical Lead			

Executive Summary
The Governing Body discussed the NHS Long Term Plan on 23 January and 27 February. This report presents information on the National Implementation Framework for the Long Term Plan and its implications for Bury and Greater Manchester.
Recommendations
It is recommended that the Governing Body: <ul style="list-style-type: none"> • Considers the report and provides feedback on Bury's approach to its contribution to the implementation plan.

Links to CCG Strategic Objectives	
SO1 People and Place To enable the people of Bury to live in a place where they can co-create their own good health and well-being and to provide good quality care when it is needed to help people return to the best possible quality of life	<input checked="" type="checkbox"/>
SO2 Inclusive Growth To increase the productivity of Bury's economy by enabling all Bury people to contribute to and benefit from growth by accessing good jobs with good career prospects and through commissioning for social value	<input checked="" type="checkbox"/>
SO3 Budget To deliver a balanced budget for 2019/20	<input checked="" type="checkbox"/>
SO4 Staff Wellbeing To increase the involvement and wellbeing of all staff in scope of the OCO.	<input type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF <i>[Insert Risk Number and Detail Here]</i>	

Implications

Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
<i>If you have ticked yes provide details here. Delete this text if you have ticked No or N/A</i>						
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
<i>If you have ticked yes provide details here. Delete this text if you have ticked No or N/A</i>						
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
See section 4 of the main report						
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
Joint Executive Team	15/07/2019	To be considered by the Governing Body.

Implementation Framework for the NHS Long Term Plan: Implications for Bury

1.0. Introduction

- 1.1. A paper on the NHS Long Term Plan was discussed by the Governing Body on 23 January and 27 February.
- 1.2. The Long Term Plan sets out what the NHS will deliver in return for the additional £20bn over the next 5 years (a 3.4% average annual real terms increase for 2019/20 to 2023/24). The paper to the Governing Body in January summarised the implications for Bury of, amongst other things, increased funding for primary, community and mental health services, the creation of Primary Care Networks, shifts in financial incentives and individual NHS organisations being required to achieve end of year financial balance.
- 1.3. It is important to note that the Long Term Plan is for the NHS only, it does not cover social care. There is still no indication of when the government will issue the Green Paper on Adult Social Care funding, or the outcome of the Local Government Fair Funding Review, both of which will have significant implications for the Council's financial position over the next year.
- 1.4. Notwithstanding the obvious gap between the CCG and the Council in terms of the quantum of future funding and levels of certainty, it is important that GM and Bury respond to the Long Term Plan by joining up health with social care and wider public services.
- 1.5. The National Implementation Framework for the Long Term Plan was published on 27 June and can be found at: <https://www.longtermplan.nhs.uk/publication/implementation-framework/>. This paper provides information on the requirements that the Implementation Framework places on GM and Bury and the opportunities it creates.

2.0. The Greater Manchester Response

- 2.1. The GM response for the Long Term Plan Implementation Framework will be based on the GM Health and Social Care Prospectus. The Prospectus sets out how the original GM Health and Care Devolution Strategy "Taking Charge" will be taken forward over the next five years. The Prospectus can be found at <http://www.gmhsc.org.uk/wp-content/uploads/2019/03/GMHSC-Partnership-Prospectus-The-next-5-years-pdf.pdf>
- 2.2. Key subject areas of the Implementation Framework have been assigned to named leaders across the GM system who will develop responses using the existing GM governance and clinical engagement arrangements. In each subject area the task is to show how GM will meet the national requirements of the Implementation Framework and how we will also realise the ambitions of our GM Prospectus. The

allocation of subject areas to system leaders is appended to this paper.

3.0. The Bury Response

- 3.1. In the same way that “Taking Charge” was built from ten Locality Plans produced in 2016/16, the GM response to the Implementation Plan will require each GM district to refresh its Locality Plan.
- 3.2. It is for individual localities to determine the exact shape and content of their refreshed Locality Plans. As a minimum Bury will be expected to:
- Reaffirm the outcomes we are seeking to influence;
 - Describe progress against those outcomes since 2016; and
 - Outline our plans for Bury in terms of integrated neighbourhood delivery through the Bury Local Care Organisation (LCO) and place-based commissioning through the Bury One Commissioning Organisation (OCO), particularly in the context of the Prospectus’s core aim of creating a population health system in GM and the approach to public service reform set out in the GM Reform White Paper.
- 3.3. The Locality Plan refresh will fit with the work to create a new ten year Bury Strategy. It is also an opportunity to create a new Locality Plan which goes beyond health and social care reform by connecting the progress we are making on the LCO and OCO to the wider reforms to all of Bury’s public services.
- 3.4. In doing this we need to take care that Bury and GM have effective plans in place to meet the specific requirements of the national Implementation Plan. These aspects of the Plan will have to meet sign off requirements that will sit with the Regional Director of NHS E/I. The sign off will trigger the release of resources so it is critical that we do not over complicate these parts.
- 3.5. At the same time the refresh of the Locality Plan is an opportunity to bring clarity and simplicity to the wider public service reform agenda in Bury and the role it will play in the delivery of the Bury Strategy.

4.0. Funding

- 4.1. To support the GM approach to the Long Term Plan implementation, Bury will need to provide detailed returns on finance and activity covering the period to the end of 2023/24. This may be as appendices to the new Locality Plan.
- 4.2. There are five key financial tests that all NHS organisations will need to demonstrate adherence to within their plans:
1. Return to, or maintain financial balance
 2. Achieve cash-releasing productivity growth of at least 1.1% per year with providers in deficit delivering an additional cash-releasing productivity benefit of 0.5%.
 3. Reduce growth in demand for care through better integration and prevention.

4. Reduce variation in performance across the health system.

5. Make better use of capital investment and its existing assets to drive transformation.

4.3. It is worth noting Section 2.20 of the Implementation Framework relating to reducing pressure on emergency hospital services. This says that where systems can reduce pressure on their emergency services they will benefit from an upside financial, capacity and staffing 'dividend' that can be reinvested in their local priorities. This reinforces the imperative of supporting the Bury LCO to deliver impacts on flows to acute hospital and residential care services.

4.4. The Implementation Framework indicates how resource will flow to support implementation. There are three types funding; increases in CCG allocations; fair shares of transformation funding; and bidding for targeted transformation funding. The 'fair share' component will be deployed based on locally determined decisions. Targeted funding will be for specific investments, where a general distribution has been deemed not appropriate. This includes elements of mental health, primary medical and community services, cancer, technology and other specific programmes. The process for accessing this funding and detailed distributions will follow. GM has indicated that, to progress our current devolved programmes, our share of this funding would need to be delegated to GM for local deployment.

5.0. Next Steps

5.1. To summarise, over the next few months we will need to:-

- Refresh our Bury Locality Plan – first draft mid-September; final version end of October;
- Provide locality returns on finance and activity – exact timetable to be confirmed once national templates are released;
- Respond to proposals from GM leads that cover the areas of the Long Term Implementation Framework in the table in the Appendix to this paper by end of September.

All of this will contribute to the Bury Strategy and the Medium Term Financial Plan.

LT Plan Implementation Framework Section	GM Programme Lead
Transformed 'Out of Hospital' Care and Fully Integrated Community-based Care (including Primary Care Networks)	Warren Heppolette; Sarah Price
Reducing Pressure on Emergency Hospital Services	Steve Barnard
Giving people more control over their own health and more personalised care	Warren Heppolette
Digitally-enabling primary care and outpatient care	Stephen Dobson
Improving Cancer Outcomes	Richard Preece
Improving Mental Health Services	Warren Heppolette
Shorter Waits for Planned Care	Janet Butterworth
More NHS Action on Prevention	Sarah Price
A Strong Start in Life for Children and Young People	Jon Rouse
Learning Disability and Autism	Warren Heppolette
Cardiovascular Disease	Strategic Clinical Network

Stroke Care	Strategic Clinical Network
Diabetes	Strategic Clinical Network
Respiratory Disease	Strategic Clinical Network
Genomics	Health Innovation Manchester
Giving NHS Staff the Backing they Need	Janet Wilkinson
Delivering digitally-enabled care across the NHS	Stephen Dobson
Using taxpayers' investment to maximum effect	Steve Wilson

Geoff Little
Accountable Officer
G.Little@bury.gov.uk
July 2019