

Governor Focus – Implementation Framework Summary

The NHS 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 NHS organisations will work collaboratively with local partners within sustainability and transformation partnerships (STPs) and integrated care systems (ICSs).

The NHS long term plan implementation framework requires STPs and ICSs to create five-year strategic plans by November 2019 covering the period 2019/20 to 2023/24, based on realistic workforce assumptions, to deliver the commitments in the long term plan. This framework sits alongside NHS England's recently published briefing, *Designing integrated care systems (ICSs) in England*.

NHS England and NHS Improvement will then aggregate assumptions drawing on all system plans to inform a national implementation plan, which will be published by the end of the calendar year. This approach will also enable national cross checking of collective resourcing assumptions, particularly with regards to the funding envelopes for capital, education and training, public health and social care.

The implementation framework makes clear that system plans will be able 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. Of these critical foundations, systems are asked to prioritise the following:

- Their intended progression, using the maturity matrix, to developing from STP to ICS status
- Supporting the development and integration of primary care networks as key system partners
- Delivering the commitments in the long term plan which can be prioritised according to local need, focussing on:
 - Transforming out of hospital care
 - Reducing pressure on emergency hospital services
 - Personalised care
 - Digitally-enabled primary care and outpatient care
 - Better care for major health conditions such as cancer, mental health and shorter waits for planned care.

The implementation framework then goes on to address key issues of workforce, digital and financial planning for systems.

Workforce

The implementation framework reiterates the key messages of the interim NHS People Plan, highlighting four priority areas for systems to address in workforce planning:

1. **Leadership and culture** – 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.
2. **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.
3. **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 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 asked to describe how they will develop capacity, capability, governance and ways of working to enable more workforce activity to take place at system level. This will be supported by better sharing of data between HEE, systems and other arm’s-length bodies.

Digital

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

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 share’ 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.

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 of the plan including: mental health, primary and community services; technology; cancer; cardiovascular disease, stroke, respiratory; children and young people; and maternity.

Capital

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

What this means for governors

STPs and ICSs need to submit strategic plans for delivery for the next five years, with a set of supporting technical material that underpins this delivery (e.g. workforce and activity plans). This will set out how a system intends to progress to ICS status if it isn't there already, and deliver the ambitions of the NHS long term plan. NHS organisations and their local partners will need to work together to progress delivery plans, improving services and the health of the communities they serve. 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 the full engagement of local stakeholders.

Governors can play a considerable part in the development of new closer relationships between the health service and local communities. Their role will be vital in ensuring essential changes outlined in the long term plan take place and, in particular, they can play an important role in making the case for change with the public.

Governors may also wish to explore the question of whether local provision is meeting the current and future needs of the populations they serve and how their local system's direction of travel will facilitate whole system sustainability and transformation in the long term.

Further reading

- <https://www.longtermplan.nhs.uk/implementation-framework/>
- <https://www.england.nhs.uk/publication/designing-integrated-care-systems-icss-in-england/>
- https://www.longtermplan.nhs.uk/wp-content/uploads/2019/05/Interim-NHS-People-Plan_June2019.pdf