

The NHS Long Term Plan & Older People Briefing Paper May 2019



Introduction

The NHS Long Term Plan was announced in January 2019 and signals a move away from a one-size fits all approach in favour of giving more tailored support to individuals. The Plan recognises that this cannot be done in isolation and the NHS will need to work closely with partners, especially local government and the voluntary sector.

What are the aims of the Plan?

There are three main aims of the Plan and they effectively seek to improve all health outcomes and reduce health inequalities throughout the life course by:

- Making sure everyone gets the best start in life
- Delivering world class care for major health problems
- Supporting people to age well

How will this be achieved?

Where the primary purpose of the health and care system was once to provide treatment for acute illness, it now needs to deliver joined-up support services for growing numbers of people living with long-term conditions, as well as promoting population health and wellbeing. The Plan sets out ways the aims can be implemented and achieved by:

- Doing things differently, by giving people more control over their own health and the care they receive
- Preventing illness and tackling health inequalities
- Increasing the NHS workforce, and training and recruiting more professionals
- Making better use of data and digital technology
- Getting the most out of taxpayers' investment in the NHS, by reducing inefficiencies

How will this affect older people?

As the largest single group of users of the NHS, the Plan will obviously impact on older people. Improved technology, medicines and treatments have meant that many conditions that used to cut lives short are now treated for a long time. As people grow older, they are more likely to develop illness, infirmity or frailty and often the cost of treating complex and multiple conditions is very high. Already roughly 40% of the NHS budget goes towards the treatment of older people. The NHS will also have to manage an ageing population with the number of people aged 65 and over, estimated to be 25% in 2045.

The Plan states that it will build on the 'Enhanced Health in Care Homes' initiative to improve care and access to the most vulnerable older people living in care homes. It will increase community-based response and rehabilitation services so that older

people can get skilled support in their own home and help them leave hospital more quickly or not be admitted in the first place.

There is also an Ageing Well service, and whilst this may be aimed primarily at older people, there is more of an element of intergenerational ageing to support those in later working life prevent or manage long-term and multiple conditions. It sets out a number of ways in which this can be achieved:

- Increasing funding for primary and community care by at least £4.5bn
- Bringing together different professionals to coordinate care better
- Giving greater recognition to carers
- Helping more people to live independently at home for longer
- Developing more rapid community response teams to prevent unnecessary hospital spells, and speed up discharges back home
- Upgrading NHS staff support to people living in care homes
- Improving the recognition of carers and the support they receive
- Making further progress on care for people with dementia
- Giving more people more say about the care they receive and where they receive it, particularly towards the end of their lives
- Identify people living with frailty and aim to support them with preventative care

The use of digital technology

Digital technology underpins some of the Plan's most ambitious targets. The NHS app will act as a gateway for people to access services and information by 2020/21, and they will be able to use it to access their care plan and communications from health professionals. From 2024, patients will have a new 'right' to access digital primary care services, either via their existing practice or one of the emerging digital-first providers. By the end of the 10-year period covered by the Plan, the vision is for people to be increasingly cared for and supported at home using remote monitoring and digital tools.

Whilst ambitious, some of the timescales remain quite distant and delivery is dependent on additional funding given that the current technology funding settlement ends in 2021. As the Plan acknowledges, it is also dependent on improvements in digital infrastructure. Furthermore, the workforce and patients alike will need to be supported to use the new digital tools, and there is little information surrounding those who are unable to access services in this way.

Integrated care and population health

Integrated Care Systems (ICSs) have evolved from Sustainability and Transformation Plans (STPs) and take the lead in planning and commissioning care for their populations and providing system leadership. They bring together NHS providers and commissioners and local authorities to work in partnership in improving health and care in their area.

Integrated Care Partnerships (ICPs) are alliances of NHS providers that work together to deliver care by agreeing to collaborate rather than compete. These providers include hospitals, community services, mental health services and GPs. Social care and private and third sector providers may also be involved. The Plan

confirms the shift towards ICSs and will be the main mechanism for focusing on population health in England by April 2021. Successful ICSs will take more control of funding and performance with less involvement by national bodies and regulators. Accountable Care Organisations (ACOs) are established when commissioners award a long-term contract to a single organisation to provide a range of health and care services to a defined population following a competitive procurement. This organisation may subcontract with other providers to deliver the contract.

What doesn't the Plan say?

While the Plan includes several commitments aimed at involving people in their own care, it says little about patient and public engagement in shaping health services or the role of communities in health.

The focus on shared responsibility, rather than personal responsibility, needs to be accompanied by a renewed focus on supporting people to make healthy choices and more government action through taxation and regulation, as well as wider action on the social determinants of health.

The NHS, housing and income

Beyond the provision of healthcare, the NHS has a wider role to play in influencing the shape of local communities. The NHS will commission, partner with and champion local charities, social enterprises and community interest companies providing services and support to vulnerable and at-risk groups that mainstream services struggle to reach.

Additionally, the NHS will play a role in shaping the housing and built environment through the Healthy New Towns programme. In spring 2019 the NHS will set out the principles and practice for how local communities should plan and design a healthy built environment, focussing on design that supports prevention and promotes health and wellbeing.

Personal Health Budgets and Social Prescribing

A personal health budget is an amount of money to support your health and wellbeing needs, which is planned and agreed between you (or someone who represents you), and your local NHS team. It is not new money, but it may mean spending money differently so that you can get the care that you need.

A personal health budget allows you to manage your healthcare and support which may include treatments, equipment and personal care, in a way that suits you. It works in a similar way to personal budgets, which allow people to manage and pay for their social care needs.

The right to have a personal health budget only applies to adults receiving NHS continuing healthcare (NHS-funded long-term health and personal care provided outside hospital) and children in receipt of continuing care.

Social prescribing is a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services. Recognising that people's health is determined primarily by a range of social, economic and environmental factors, social prescribing seeks to address people's needs in a

holistic way. It also aims to support individuals to take greater control of their own health. Examples include volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports.

The Plan sets out that within five years over 2.5 million more people will benefit from 'social prescribing', personal health budgets, and new support for managing their own health in partnership with patients' groups and the voluntary sector.

What happens now the Plan has been published?

STPs and ICSs, working together with each other, local councils and other partners, now need to develop and implement their own strategies. By April 2019 publication of local plans should have taken place and by autumn 2019 publication of local 5-year plans.

Conclusion

As with any policy, translating it into practice on the ground can be a slow process. Some parts of the Plan have more details than others and the Plan could be less effective due to funding constraints.

Furthermore, the NHS does not operate in isolation and as social care is so inextricably linked with independent living and the general health of older people, delays in the releasing the Green Paper and current chronic underfunding in social care, will only cause further strain on NHS services and mean that the aims set out by the Plan will be more difficult to achieve.

In addition, digitising health will undoubtedly benefit some and could result in reduced costs and quicker access, but the most vulnerable could be digitally excluded and then physically excluded from accessing healthcare.

Staff are the backbone of the NHS and disenfranchising health professionals, by making them work longer, more erratic hours cannot be a good thing for patient care.

Furthermore, whilst personal health budgets may give people options for their NHS care and support needs, their implementation should be a choice. Already, many older people find they are unable to manage a separate care budget, particularly those suffering from serious and complex chronic medical conditions. This arrangement then allows the voluntary and private sector the opportunity to "manage" the budget on behalf of the individual – and of course charge them for doing so. Effectively, reducing the amount of money they have to spend on their health and care needs.

By giving more controls to ICS', the Plan also reduces the robust monitoring and regulatory bodies within the NHS and care sectors, which calls into question the responsibility and accountability of this publicly funded body. The NPC believes the potential break-up of the NHS run by 'Integrated Care Providers' will disintegrate health and social care and put finance before patient care. The implementation of the Plan therefore needs to be constantly monitored over the next few months.

Further Information

[1] NHS (2019) Long Term Plan <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf>

[2] NHS (2019) Long Term Plan – A summary
<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/the-nhs-long-term-plan-summary.pdf>

[3] Kingsfund (2019) NHS Long Term Plan Explained
<https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained>

[4] HM Government (2019) NHS Long Term Plan Launched
<https://www.gov.uk/government/news/nhs-long-term-plan-launched>

[5] NHS (2019) Personal Health Budgets
<https://www.nhs.uk/using-the-nhs/help-with-health-costs/what-is-a-personal-health-budget/>

National Pensioners Convention
Marchmont Community Centre
62 Marchmont Street
WC1N 1AB
London
www.npcuk.org