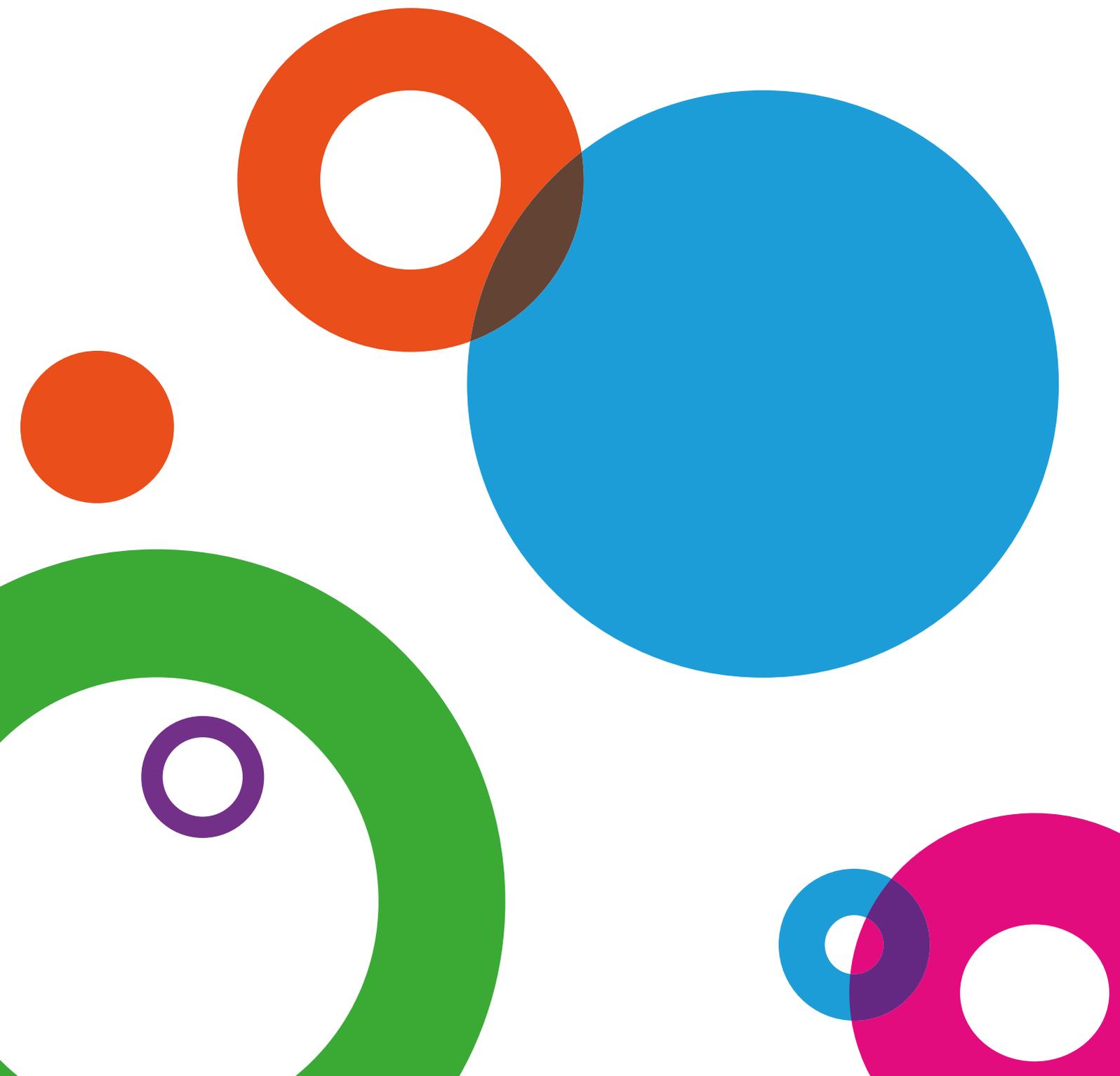# Letting local systems lead
How the long-term plan could deliver a more sustainable NHS

Contents

Key points

- Both the NHS and local authority-commissioned social care face significant challenges as a result of a sustained period of financial austerity. Moreover, the pressures are likely to continue with a growing and ageing population and an increasing prevalence of long-term conditions.

- We welcome the 3.4 per cent per year uplift in NHS funding announced by the Prime Minister but the increase falls short of the 4 per cent needed to improve services. The health and social care system will do well just to cope with the current pressures it faces and the NHS long-term plan should not over-promise what service improvements are possible within this funding.

- Sustainability and transformation partnerships (STPs) and Integrated care partnerships (ICPs) are seen by the service as the main vehicle for addressing the challenges facing health and social care delivery, but to make the necessary breakthrough, we need to improve local partnership working; strengthen engagement with staff, patients and communities; introduce more effective local governance and develop a more supportive oversight regime.

- The development of the NHS long-term plan therefore provides the opportunity to focus on and address these barriers and build on the initial efforts of those who have been striving to implement system working locally, while acknowledging that for some systems this transition will be more prolonged and challenging than for others.

- Hence, the NHS Confederation recommends the NHS long-term plan focuses on the following areas in order best to meet these challenges.

  - Make support for effective local leadership and relationships a priority.
  - Focus attention on the key factors that will allow local improvements to health and social care services.
  - Shift the focus of regulation from performance management to improvement support.
  - Support local systems to strengthen ownership in their communities of the long-term plan vision.

- The serious systemic problems facing the service will only be addressed via close partnership working at a local level, and hence we feel it is important that the NHS long-term plan prioritises supporting these local approaches to be successful. Otherwise, we risk stifling potential solutions through fear of the scale of the challenge. We recognise that we are calling for increased freedom for local systems at a time when the health and social care service faces significant challenges – and that this may feel counterintuitive. But the key message from the survey is that these challenges can only be met through supporting and empowering local systems to address them.

- We recognise that this request for greater freedom comes with a quid pro quo. For this to work, local leaders will need to fulfil their part of the deal and drive forward the implementation of these new ways of working, while working harder to embed local accountability mechanisms.

Introduction

A new NHS long-term plan is in the offing and much work is now in hand to develop it. Four years after the launch of the Five Year Forward View, this process presents an opportunity to evaluate successes and failures of the previous plan, and to consider where to focus effort so that the long-term plan has the best chance of success.

First and foremost, the NHS long-term plan will need to explain to politicians and the public what in broad terms will be delivered in return for the additional funding announced by the Prime Minister in June of this year. It must also provide a vision for the next phase of reform, and an overarching implementation approach. But the detailed ownership of local delivery will need to be at the local level to ensure the sustainability of services for patients and service users.

The NHS long-term plan will therefore be very important to NHS organisations and local authorities. Because of this, the NHS Confederation has surveyed chief executives and chairs of member organisations from across the health system to seek a frank assessment of where local health and care systems currently are and what the key issues are that the plan needs to address.

We received 64 responses from senior leaders of clinical commissioning groups, acute, community and mental health trusts, ambulance services, independent sector providers and voluntary/third sector provider organisations in the English health system. Within the sample was a mix of organisations local to specific sustainability and transformation partnership (STP) and integrated care system (ICS) areas and those with a regional or national reach. Hence this survey draws on the views of NHS leaders from across the health system.

This paper sets out the findings from the survey and draws some conclusions about what this means for the NHS long-term plan. Our intention is to highlight NHS leaders' views about a series of issues that we consider critical to embedding system working in local areas, and to consider how these relate to ongoing policy discussions about STP/ICS implementation.

We present these findings to encourage a constructive discussion about what has worked well and less well to date in the STP/ICS journey. Our goal is to support both our member organisations and the arm's length bodies in achieving a successful transition to this new way of working, through open and transparent dialogue.

"The NHS long-term plan must provide a vision for the next phase of reform, and an overarching implementation approach. The detailed ownership of local delivery will need to be at the local level to ensure the sustainability of services for patients and service users."

The health and care system is facing considerable challenges

Over the last eight years, health spending has grown more slowly than in any comparable period since the NHS was founded.[1] In addition real terms public spending on social care was £1.1 billion lower in 2015/16 than in 2009/10, according to analysis by the Health Foundation.[2] As a result this period has seen the health and care system placed under increasing strain as slower funding growth collides with incessant increases in demand, resulting in deteriorating performance against NHS targets and goals such as referral to treatment (RTT) and A&E waiting times and reduced access to social care.[3]

a) The critical challenges facing the NHS

There is striking consistency of views about the way the pressures of a sustained period of austerity are now manifesting themselves in the health and care system. We asked survey respondents to identify the three most significant immediate pressures facing the NHS from a list of eight pressures.

Staff recruitment and retention was the issue most frequently selected as an immediate pressure facing the NHS, with eight in ten leaders (80%) choosing it (chart 1 on page 4).

The second most significant issue was increasing demand for services, which was selected by two thirds of respondents (66%). Provider deficits was placed third, with just under half of all respondents (47%) identifying this as an issue. A recent NHS Improvement report on the state of the provider sector found that the sector was already £814 million in deficit by the end of the first quarter of the 2018/19 financial year.[4]

Comments provided in response to this question included that increasing demand had a knock-on effect on workforce pressures, which had a knock-on effect on the finances, and that a more focused approach was required to workforce planning to ensure sufficient staff were being trained to meet future need.

The picture painted by our members of the challenges facing the NHS is concerning. Moreover, these pressures are predicted to continue with a growing and ageing population and an increasing prevalence of multiple long-term conditions. The
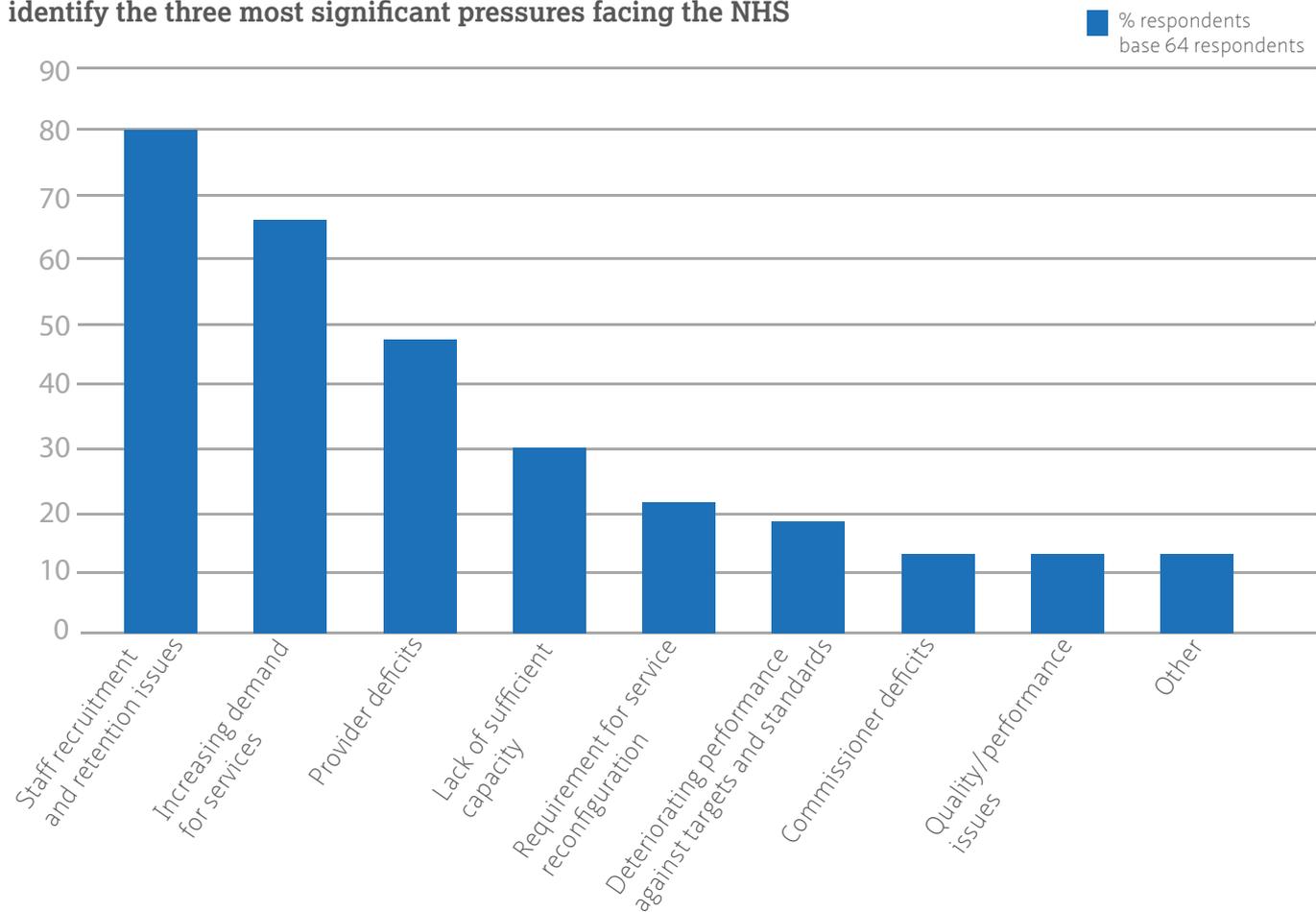
Prime Minister's announcement of a significant uplift to finances of the NHS from 2019 onwards is to be welcomed as many other parts of the public service have fared much less well. However, the NHS will do well just to cope with the current pressures it faces. Expectations of what the new money will deliver should be reined in accordingly, especially as the 3.4 per cent uplift falls short of the 4 per cent or more that economists have calculated the NHS will need in order for services to improve.[5] Hence the NHS long-term plan will need to set out a realistic view of what service improvements are possible and not over-promise.

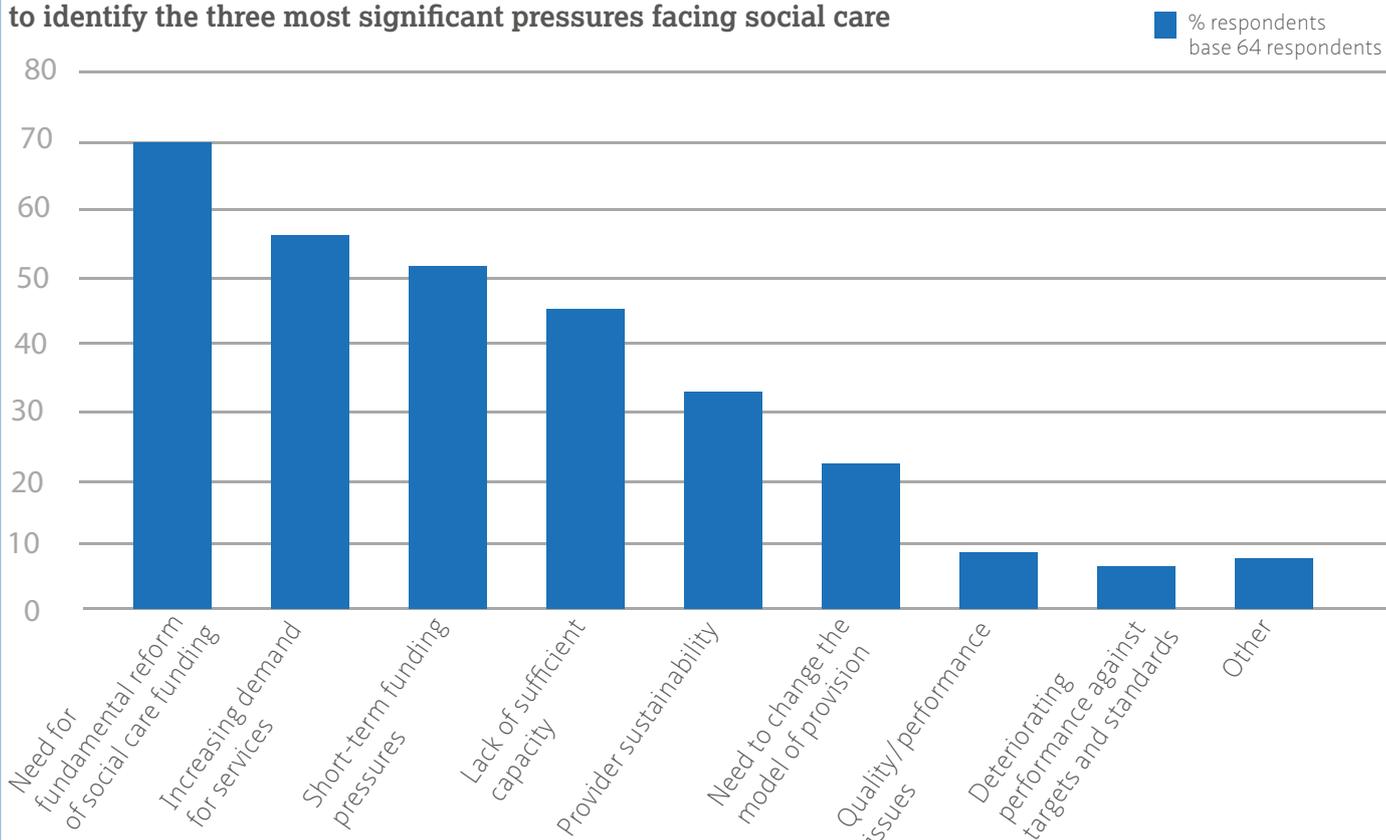## b) The critical challenges facing social care

Alongside the challenges facing the health sector, the questionnaire sought views of health leaders about the pressures on social care. There was clear agreement that, of the eight options we provided, the need for fundamental reform of social care funding was the most significant pressure facing that sector, with seven in ten leaders (70%) selecting this option. Increased demand for services was second, selected by 56 per cent of respondents. Short-term funding pressures was the third most frequently selected, with just over half (52%) choosing this option (chart 2 on page 4). Several respondents highlighted workforce issues in relation to social care in their comments.

The health system is only one player in a complex web of services supporting the health and wellbeing of the population. Social care is a critical service for local communities and significant deficits in its operation inevitably have knock-on consequences for the efficacy of the health system. Therefore, while we hope that a future social care green paper would identify measures to address the challenges facing social care at a national policy level, there are ongoing financial issues in the social care sector that need to be addressed now.

Chart 1: Percentage of respondents selecting each option when asked to identify the three most significant pressures facing the NHS

Values (approximate):
- Staff recruitment and retention issues: 80
- Increasing demand for services: 66
- Provider deficits: 48
- Lack of sufficient capacity: 30
- Requirement for service reconfiguration: 22
- Deteriorating performance against targets and standards: 19
- Commissioner deficits: 13
- Quality/performance issues: 13
- Other: 13

Chart 2: Percentage of respondents selecting each option when asked to identify the three most significant pressures facing social care

Values (approximate):
- Need for fundamental reform of social care funding: 70
- Increasing demand for services: 56
- Short-term funding pressures: 52
- Lack of sufficient capacity: 45
- Provider sustainability: 33
- Need to change the model of provision: 23
- Quality/performance issues: 9
- Deteriorating performance against targets and standards: 7
- Other: 8

System working is seen as an answer to these challenges, but progress to date is limited

Sustainability and transformation partnerships (STPs) and integrated care systems (ICSs) have become the main vehicle for local implementation of the reform objectives set out in the Five Year Forward View.

Our members broadly support this approach, with just over six in ten leaders (61%) either strongly agreeing or tending to agree that STPs/ICSs represent the right approach for partnership working between the NHS and local government.

But respondents' comments about the impact of national policy painted a mixed picture. Positive comments included that it provided a framework for new models of care and had improved collaboration between commissioners and providers. Less positive comments were that progress had been achieved despite national policy and that the national infrastructure to support service change included too many hurdles.

This suggests our members are supportive of STPs/ICSs and most local leaders felt that they had made it easier to identify priorities for improvement locally. However, the role of national policy in supporting this is viewed by some as being less well developed and may even have hampered the local progress in some cases. One example of this is where time is spent on "reporting up" to meet existing organisational regulatory requirements rather than looking out across the system to identify potential improvements. We also asked respondents how much progress they felt had been achieved in terms of implementing the Five Year Forward View vision in their area, or in the areas they worked in if there were several. While nobody reported they had failed to make any progress, the majority of respondents considered that only moderate progress (44%) or a little progress (42%) had been made.

When we asked what might best enable the necessary progress, respondents most commonly cited effective local leadership and relationships, successful engagement with patients, stakeholders and clinicians, effective governance, and supportive regulation. The availability of transformation funding was also viewed as a positive driver of progress. These areas are viewed as the most significant factors in the effectiveness of local systems and are explored further below.

How can we get system working to the next level?

The survey results show that achieving a breakthrough in the quality of system working needs to be a joint endeavour between local and national leaders where everyone has a part to play. The journey is far from complete and there are deficits both locally and nationally that need to be addressed. Encouragingly there is agreement on the overall direction of travel and that augurs well for the next phase of development. However, our survey suggests that there is work to do to form a truly joint view between the national arm's length bodies and local systems on what the critical priorities are that need to be addressed and what should be the underlying model of change. This is important as, without a truly shared agenda, effort and energy will be dissipated and progress curtailed as a result.

a) Local partnerships are not yet mature

When we asked respondents what one thing would make their STP/ICS more effective from an NHS perspective, a large proportion of the answers related to the maturity of local partnership working and the quality of working relationships. The variable development of partner relationships came across strongly in the survey. NHS provider (72%) and commissioner (81%) organisations were the only bodies that a majority of respondents agreed were likely to be fully engaged and supportive of the priorities of their STP/ICS or the STPs/ICSs they worked with. Independent and voluntary sector providers, social care providers and primary care were seen as the least likely to be engaged in the work of local partnerships, with just under a third (32%) agreeing they were fully engaged. The proportion agreeing that local authorities were fully engaged was also relatively low (40%). This is a worrying finding when seen in context of local government's critical role in public health and social care and the wider determinants of health, and given the importance of the local government voice in STP/ICS policy (chart 3 on page 6).

Specific comments included the need for better joint working across acute trusts, greater openness with stakeholders, more independent leadership with improved governance arrangements, improved planning and implementation abilities, a more clearly articulated common vision and a greater focus on whole care pathways.

Chart 3: Percentage of respondents agreeing the following sectors are fully engaged in the work of the STP/ICS(s) and support its/their priorities

■ % respondents
base 53 respondents
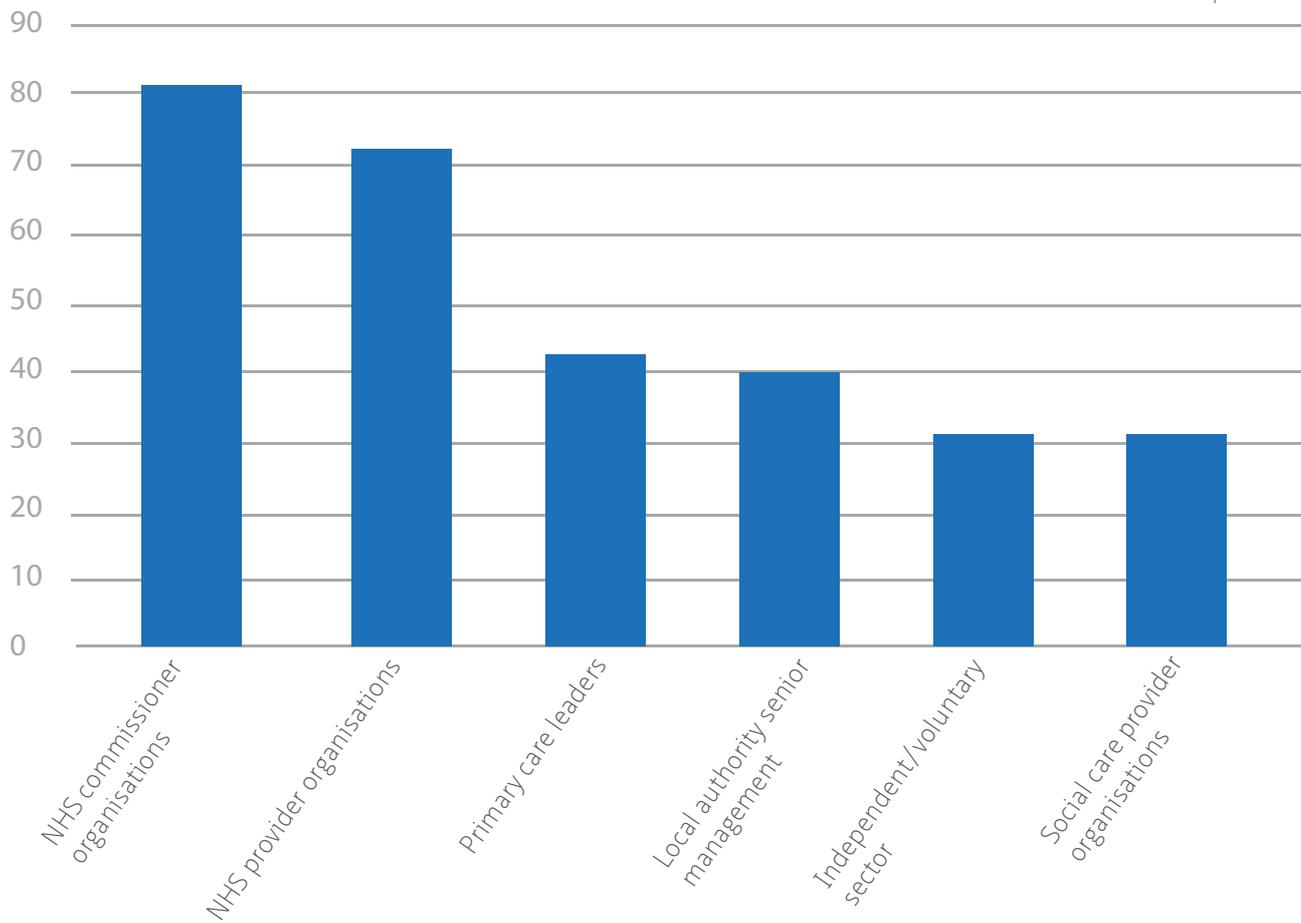
b) Engagement with patients, staff and communities is under-developed

Multiple respondents highlighted the importance of good engagement with groups such as patients, stakeholders and clinicians to build the support and momentum needed for bringing about change. Such support is critical to provide legitimacy for implementing clinically appropriate service changes, where the consent of local people and stakeholder organisations will be required. It should be part of an ongoing relationship and process of dialogue between health and care leaders and the populations they serve. Yet most respondents believe that public and stakeholder awareness of and support for STPs/ICSs and their priorities is poor. When asked whether local people were aware of the STP/ICS(s) and its/their priorities, only three leaders agreed. Only three in ten leaders (30%) thought local politicians such as councillors, MPs and local mayors were supportive of their local STP/ICS(s) and its/their priorities. At 23 per cent, the proportion of leaders agreeing that frontline staff working in health and care were

supportive of the STP/ICS(s) and its/their priorities was even lower.

One respondent spoke of a worrying level of ignorance of their local STP among the general public, with other respondents worried that beyond regular users of services the vast majority of the local population had not been engaged, and warning that many staff, politicians and the public are suspicious that STPs/ICSs are simply a vehicle for cuts and privatisation. Particularly few respondents (6%) agreed that STPs and ICS policy had strengthened local accountability (chart 4 on page 7).

Chart 4: Percentage of respondents agreeing that STP/ICS policy has made health and care services more accountable to the following groups

■ % respondents
base 53 respondents
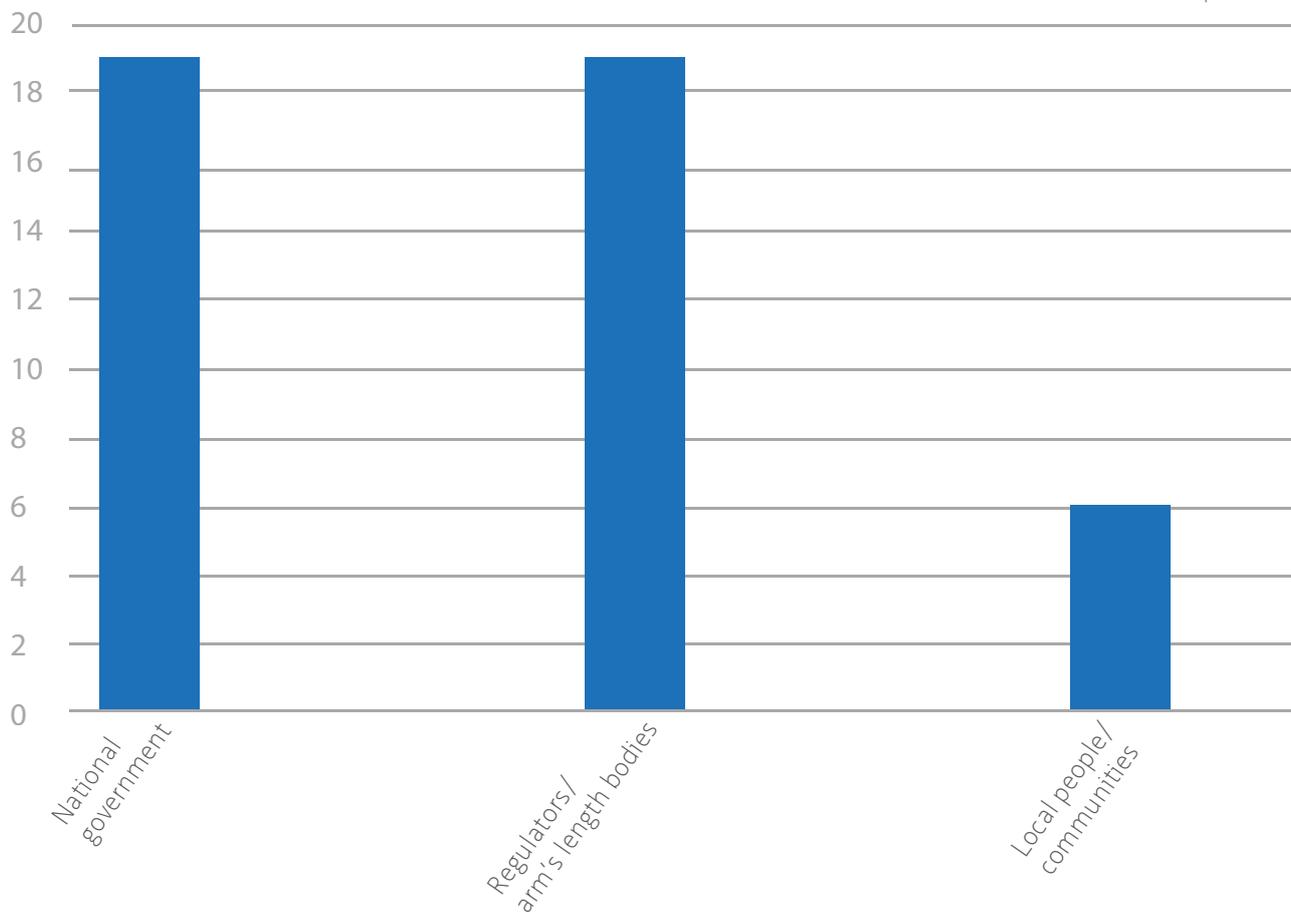
c) Governance is not supporting effective decision-making and accountability

The lack of proper system governance structures and clarity around decision-making was frequently cited by respondents as an obstacle to progress. Only 36 per cent of local respondents and one regional/national respondent felt that their STP/ICS or the STPs/ICSs they worked with had effective governance and accountabilities in place at a local level. Although working relationships had in many cases improved significantly there was an underlying concern that partnership boards lacked proper joint accountability for making progress with system issues. This prevented good intentions translating into progress with delivery on the ground.

There was also a concern that the boards of constituent organisations in the system would not necessarily support system decisions where it was in the wider interest and consequently would act as a brake on change. Clarity about the governance arrangements for STPs/ICSs and how

these relate to existing governance requirements for organisations would be welcomed, but care will be needed to ensure that new system-level governance asks are compatible with existing requirements of organisational accountability.

d) Better aligned incentives and payment reform are needed to strengthen system working

Alongside areas for development at local level respondents also had asks of national bodies around more supportive oversight and regulation for what they are trying to achieve. Better aligned regulatory incentives and payment system reform were identified as the most important national changes for supporting the development of local systems. Interestingly, local leaders saw streamlining of procurement and competition requirements as the reform of the lowest priority.

Specific problems relating to the existing regulatory architecture identified by survey respondents included a tendency to focus on the financial health of acute trusts over other parts of the system and

regulatory approaches that require leaders to prioritise organisational internal improvement over system-level improvement. There were consistent concerns about partners being exposed to increased regulatory risk as a consequence of working as a system when regulatory structures remain focused on organisations.

The style of regulation and behaviours was also a theme. Excessive reporting and 'top-down' direction is seen as a consistent problem. Experienced leaders have told us that at times the range and depth of regulatory scrutiny was overwhelming and did not make good use of their leadership skills and local knowledge.

Recommendations for the NHS long-term plan

The picture painted by our members provides important insights into the priority areas where we must make progress if system working is to move to the next level. Their feedback suggests that empowering local systems to meet these challenges whilst re-shaping regulation and the framework of incentives will be key. This points to four key recommendations for the forthcoming NHS long-term plan:

i. **Make support for effective local leadership** and relationships a priority.
ii. **Focus attention on the key factors that will allow local improvements** to health and social care services.
iii. **Shift the focus of regulation from performance management** to improvement support.
iv. **Support local systems to strengthen ownership in their communities** of the long-term plan vision.

i) Make support for effective local leadership and relationships a priority

Local systems range widely in size, complexity and stage of development and will need local solutions that are developed at different speeds in different places. Hence rather than looking to require systems to jump through hoops to demonstrate exemplar characteristics of system working we would like the arm's length bodies to consider how they might

instead support and enable system leadership development and partnership working genuinely tailored to local needs. Similarly, we would urge arms-length bodies to resist the temptation to push standard organisational or business models on local systems. Integration and collaboration are more likely to be achieved through relationship building than through shot-gun marriages.

For some, a focus on enabling better leadership and relationship building within systems could argued to be a "soft" approach, avoiding some of the important service issues that need to be addressed. We believe, on the contrary, that building this capability is the best way to empower local leaders to work to develop solutions that are better tailored to their local circumstances, and therefore likely to have greater longevity. The NHS has suffered from a surfeit of organisational and legislative change in recent years and our members clearly see these changes as less valuable than support for developing effective system leadership and the right culture and behaviours.

But as a corollary to supporting the development of local leaders, the centre must be prepared to let them lead. Therefore, we believe the NHS long-term plan should emphasise setting directions and goals and avoiding detailed prescriptions. We believe the more the plan does this, while not committing the sector to achieving the impossible, the more likely it is to be welcomed and adopted throughout the sector. Including goals in the plan that focus on the task in hand - building effective systems and engaging local communities - avoids overwhelming leaders who will be attempting to embed new ways of working while also running health and social care organisations as their 'day jobs'.

We would also like to see a very different approach in the focus of system development. At present much of the focus is on supporting the development of the best systems, consequently failing to invest the time and energy to build leadership capability and capacity in challenged systems. But in an environment where all areas will be expected to have a local system in place, this risks the creation of a two-tier health service, where some areas perform effectively at a system level and others experience high levels of central intervention and direction.

We would like to see a level playing field approach to providing developmental support, meaning that no areas are left behind because they do not have the same access to enabling support as others. This would mean adopting an approach that provides meaningful leadership support to all STPs/ICSs, to assist them in moving to true system-based working, rather than placing undue emphasis on minimum performance standards for aspirant systems with the consequence that some will never reach a stage where they can even partially adopt system working approaches.

ii) Focus attention on the key factors that will allow local improvements to health and social care services
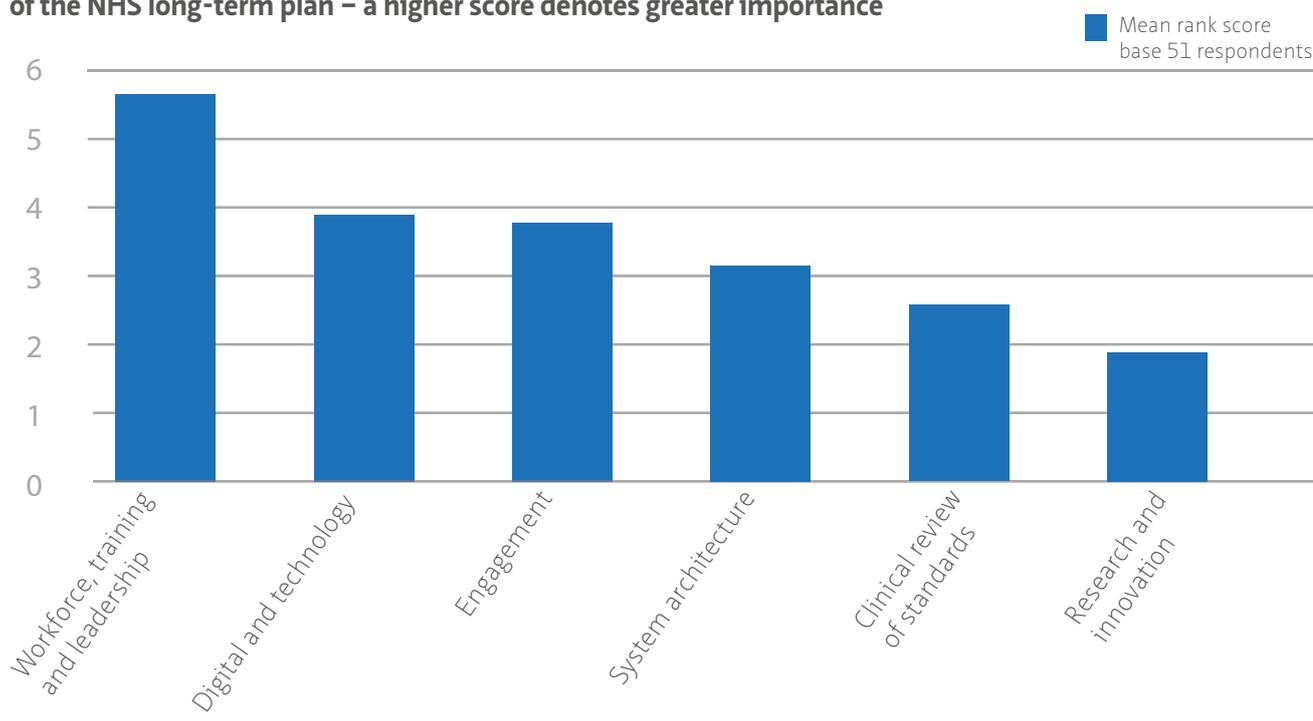
The NHS plan will set out further proposals for further tangible improvements in patient care focused on particular conditions or life-stages. This will present an exciting agenda for how local systems can make improvements in care and treatment that will really make a difference to the lives of patients over the coming years. But we need the right enablers to be in place locally to translate these ambitions into reality. When we asked respondents to rank six enablers of the successful implementation of the plan they identified workforce, training and leadership, digital and technology and engagement as key (chart 5 below).

In the case of workforce, our survey findings suggest that supporting local leaders to build greater capacity and capability in these areas would be an excellent starting point for a plan designed to move the health and social care service to a more sustainable, locally organised footing over the course of a decade.

Clearly, it will not be possible to devise quick solutions to complex workforce problems, which have multiple causes and exacerbators. For instance, future UK immigration policy will have a very significant impact on the availability of workforce for the NHS, as will higher education policy relating to the training of nurses and doctors.

But there are some measures that the NHS long-term plan could explore. Dedicating resource to better workforce planning that is able to take into account local context would be beneficial. Enabling local systems to deploy staff more flexibly in terms of skill-mix and local expertise, rather than requiring staff at specified grades to perform specified tasks, could go some way to alleviating workforce shortages by widening the pool of staff available locally to perform particular functions. This approach is particularly well-suited to multi-disciplinary team working approaches that allow staff to operate at the top of

Chart 5: Rankings achieved by a series of possible enablers for successful implementation of the NHS long-term plan – a higher score denotes greater importance

Mean rank score base 51 respondents

Categories (x-axis): Workforce, training and leadership; Digital and technology; Engagement; System architecture; Clinical review of standards; Research and innovation

their licences. Provided minimum quality standards are specified, there is no reason why permitting greater local flexibility should have a detrimental effect on the quality of care provided, even though it is likely the NHS will need to retrain and redeploy existing staff and potentially explore the viability of new roles if we are to get to grips fully with the present workforce challenges.

Digital and technology is an area of great interest to local systems as it holds out the hope of a potentially more productive workforce that would both alleviate staff shortages and improve efficiency. The opportunities to change how the NHS interacts with patients are potentially revolutionary, but we have not yet understood how to harness the opportunities presented by digital innovation. The NHS long-term plan could helpfully offer a vision for digital and technology that identifies practical solutions with proven benefits that are capable of ready adoption.

On public and stakeholder engagement, NHS and local government organisations already have a set of statutory duties to consult, which they must perform when, for instance, making changes to services. However, in many areas there is little evidence of ongoing engagement with local populations and stakeholders as part of the local STP/ICS decision-making process.

As new entities at varying states of maturity, facing a large set of external demands, it is unsurprising that local systems have on the whole not yet put in place sophisticated engagement mechanisms. That said, our survey results suggest that NHS leaders recognise the potential impact better engagement work could have on improving the legitimacy and accountability of STP/ICS decision-making, and accept that this is needed. It is necessary both in order to effect service change and to ensure that members of the public and local politicians are able to base decisions about whether to support proposed changes based on a solid understanding of the proposals under consideration.

Thinking in the NHS long-term plan about how local systems can boost the involvement of frontline NHS and social care staff and middle managers in the NHS and local government would be valuable, as only by

achieving an engaged workforce will local systems be able to harness the potential for innovation existing among the health and social care workforce. This involvement must also extend to independent and voluntary sector organisations working with STPs and ICSs. But once again, this guidance should permit sufficient flexibility to enable STPs and ICSs to adopt different approaches depending on local circumstances.

Similarly, the plan may benefit from drawing together existing experience and expertise on improving wider stakeholder and public engagement in STPs/ICSs. The experience of NHS foundation trusts that were able to build constituencies of governors and engage staff in improvement activities may be relevant here. NHS organisations may also be able to learn from engagement work already underway in local government.

iii) Shift the focus of regulation from performance management to improvement support

To date, oversight and regulation of the NHS has placed a strong emphasis on national consistency over a large number of policy areas, as expressed in a number of different performance frameworks. The move to local system working challenges the assumptions behind this approach – local decision-making implies increased tolerance of variation from place to place. We believe the regulators' motivation is to ensure the best possible services for patients in a challenging and complex landscape. However, there is a risk for STPs and ICSs if regulators do not adapt to the challenges of system working. This is that 'traditional' regulatory approaches prioritising consistency and adherence to set rules are likely to harm emerging systems by preventing flexibility and discouraging innovation.

We believe a regulatory approach based around fewer – more focused – minimum standards, process measures and outcomes, is better suited to system working than one that specifies performance over a large number of expectations and measures. Over-specification removes the scope for local organisations to flex aspects of provision to suit local circumstances. The origin of this approach is a desire for national standardisation, but the logic of

local system working is that standardisation should be tempered by sensitivity to local need. Excessive central control mitigates against strong local leadership and disempowers local partnerships.

Local leaders are looking for much greater space and freedom to use their judgement, act autonomously and engage in innovation. They need to be able to do this in order to improve services in the most appropriate and efficient way for their patients and service users, based on specific local circumstances. They are also seeking less reporting up and greater flexibility for the local system to control its collective resource free from central rules, again in the most effective and efficient way for local circumstances. This is not an argument for less accountability for local systems but for more direct accountability to local communities. This increased local accountability will be necessary as the expectation of uniformity in how services are provided from place to place decreases under system working.

At present over-centralisation blurs accountability whereas stepping back and holding systems properly to account for using their resources to best effect for the health and wellbeing of their population would strengthen it. This is not to say that underperformance or variations in quality should be tolerated, but rather to accept that it may be appropriate for local systems to adopt different approaches to achieving national standards. We would like to see a move towards a regulatory system that can both permit locally tailored approaches and intervene where minimum standards are not met.

A commitment to a more permissive approach would need to be accompanied by systemic changes in day-to-day regulatory practice, mindset and behaviours so that the lived experience of systems is consistent with the new vision. At present there is a patchwork quilt of different regulatory approaches ranging from more permissive ones in keeping with this vision to those that lean more towards paternalism and micro-management.

Combined with this needs to be a renewed emphasis on a shift from regulation to providing support with improvement. Regulation has its limitations in terms of the change it can trigger and attempting to manage

from the centre frequently leads to unintended consequences. Only through building local capacity and capability will real progress be made. Getting alongside people and helping them solve the problems they face is likely to be far more effective in making change happen. Hence moving the focus to providing advice and support that is relevant to local needs and genuinely value-adding will be key. At present systems experience multiple support offers, not all of which are tailored to their needs.

iv) Support local systems to strengthen ownership in their communities of the long-term plan vision

Since the advent of the Forward View there has been a very pragmatic approach to policy development whereby much of the thinking for STPs and ICSs has been done in close collaboration with system leaders. This is welcome as it represents a shift to organic and learning-led change closely informed by those close to the issues rather than by a remote national blueprint. However, the dilemma for the NHS long-term plan has been the short timescale available for its development, which has limited the opportunity for wider and deeper engagement beyond those already close to the issues. It has also operated in parallel alongside a process to develop a green paper for the future of social care and hence cannot offer a complete view of how local systems need to evolve.

For these reasons we suggest that there needs to be a sustained and deep programme of engagement with NHS and social care staff, patients, carers, local communities and key stakeholders after the publication of the plan to build the coalition for change that is needed to affect its implementation. This needs to be nationally led but locally owned. Moreover, the plan itself will not be a panacea and there needs to be realism about that. It can set the direction of travel and a framework for service development, but it cannot provide all the answers. There will need to be an ongoing dialogue not just to build ownership for the vision it sets out but to develop the thinking further both on issues of national policy and local implementation.

The NHS long-term plan can help to drive this process forward by outlining how the centre can support and enable local engagement at a national level.

Setting a national frame in the NHS long-term plan for local public and stakeholder engagement and communicating clearly about the importance of engagement sets out the expectation that this will happen. We understand the arm's length bodies are preparing engagement support resources and we welcome this step.

We are also supportive of the idea of viewing the plan's implementation as a series of distinct stages. This provides an opportunity to give sufficient focus to the implementation of new approaches and the embedding of system working. To this end, we would encourage the use of goals and targets related to successful implementation of local system building blocks in the first instance, rather than expecting systems to deliver significant efficiency benefits before they are properly established.

Conclusion

The NHS long-term plan is being developed at an interesting point, when reforms set out in the Five Year Forward View have not yet been completed, but increasing demand, alongside workforce, finance and sustainability pressures, mean the impetus for change is now stronger than ever. That so much expectation has already been invested in the NHS long-term plan is indicative of the desire of health and social care service leaders for a stable vision for the future that they can use to plan with and provides the hope of a more sustainable and settled NHS.

The logic of the Five Year Forward View, and of system working, is that local systems should be able to lead on how services are designed and provided. There is support for stronger local leadership within the service, but in practice, both regulatory mechanisms and behaviours at local and national levels have hindered the full realisation of this vision.

The development of the NHS long-term plan therefore provides an exciting opportunity to resolve some of these barriers and build on the initial efforts of those who have been working to implement system working locally, while acknowledging that for some systems this transition will be more prolonged and challenging than for others.

We believe that the NHS plan could help in four key ways:

i. **Make support for effective local leadership** and relationships a priority.
ii. **Focus attention on the key factors that will allow local improvements** to health and social care services.
iii. **Shift the focus of regulation from performance management** to improvement support.
iv. **Support local systems to strengthen ownership in their communities** of the long-term plan vision.

We recognise that we are calling for increased freedom for local systems at a time when the health and social care service faces significant challenges – and that this may feel counterintuitive. But if the logic of the Five Year Forward View and the STP/ICS movement is that the serious systemic problems facing the service will only be addressed via close partnership working at a local level, we feel it is important that the entire NHS puts every effort into making these local approaches successful. Otherwise, we risk stifling potential solutions through fear of the scale of the challenge.

But we recognise that this request for greater freedom comes with a quid pro quo. For this to work, local leaders will need to fulfil their part of the deal and drive forward the implementation of these new ways of working, while working harder to embed local accountability mechanisms.

We believe that adopting this approach is at present likely to be the most effective route to supporting the future sustainability of the health and social care system, given the likely stated objectives of the NHS long-term plan.

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