Manchester City Council
Report for Information

Report to: Health Scrutiny Committee - 8 October 2019

Subject: NHS Long Term Plan

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Summary

The NHS Long Term Plan (LTP), published in January 2019, set out a ten year programme of phased improvements to NHS services and outcomes, including a number of specific commitments to invest the agreed five year revenue settlement.

This has been followed in June 2019 by the publication of the NHS Long Term Plan (LTP) Implementation Framework. This paper sets out:

- An overall summary of the guidance;
- National financial analysis;
- National Performance Indicator Requirements;
- National five year planning submission;
- Key planning milestones across health over the next 6 months.

Recommendations

The Committee is asked to consider the report.

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city
The NHS Long Term Plan recognises the important role that NHS organisations have in contributing to reducing waste and carbon emissions.

Manchester Strategy outcomes	**Summary of how this report aligns to the OMS**
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	The implementation of the NHS LTP across Manchester will be underpinned by the OMS, and strategic aims of the Manchester Locality Plan.

A highly skilled city: world class and home grown talent sustaining the city's economic success	The implementation of the NHS LTP across Manchester will be underpinned by the OMS, and strategic aims of the Manchester Locality Plan.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	The implementation of the NHS LTP across Manchester will be underpinned by the OMS, and strategic aims of the Manchester Locality Plan.
A liveable and low carbon city: a destination of choice to live, visit, work	The implementation of the NHS LTP across Manchester will be underpinned by the OMS, and strategic aims of the Manchester Locality Plan.
A connected city: world class infrastructure and connectivity to drive growth	The implementation of the NHS LTP across Manchester will be underpinned by the OMS, and strategic aims of the Manchester Locality Plan.

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Background documents (available for public inspection): None

1.0 Introduction

1.1 The NHS Long Term Plan (LTP), published in January 2019, set out a ten year programme of phased improvements to NHS services and outcomes, including a number of specific commitments to invest the agreed five year revenue settlement. A glossary of terms is available on page 121 of the NHS Long Term Plan.

1.2 This has been followed in June 2019 by the publication of the NHS Long Term Plan (LTP) Implementation Framework. This guidance sets out the approach that Integrated Care Systems (working at the Sustainability and Transformation Partnerships level) are to take to create five-year strategic plans covering the period 2019/20 to 2023/24. For Manchester the 'system' is defined as the Greater Manchester Health and Care Partnership. The plans should be based on realistic workforce assumptions and deliver all of the commitments in the LTP. System plans will be aggregated, brought together with additional national activity and published as part of a national implementation plan by the end of the year.

1.3 MHCC is currently undertaking an analysis of its readiness against the requirements of this planning guidance. It is evident that the LTP does not make significant reference to Adult Social Care, however the local planning processes within MHCC do encompass integrated care, public health and Adult Social Care.

1.4 This paper sets out:

- An overall summary of the guidance;
- National financial analysis;
- National Performance Indicator Requirements;
- National five year planning submission;
- Key planning milestones across health over the next 6 months.

2.0 Background

2.1 The LTP Implementation Framework clearly sets out the expectation of systems to adopting an integrated approach to strategic and operational planning. Systems are expected to bring together member organisations and wider partners, adopting a common set of principles and leadership behaviours as they develop and deliver plans which span clinical leadership, local ownership of workforce planning, finance, delivery and reducing local health inequalities and unwarranted variation.

2.2 The investment to support the LTP implementation is set out to be either in existing CCG allocations, or available as additional funding on a 'fair shares' or 'targeted' basis. 'Fair shares' reflect the principle that the activity is expected to happen across the country, meanwhile 'targeted' reflects the fact the whole country is not covered by the service on specific needs or to test implementation approaches as evidence develops.

2.3 The service developments to be funded by the additional funding are detailed in the LTP guidance. The funding available has been confirmed at a national level, but not at a GM level currently, and there is a query on whether the additional funding is recurrent. The financial information is still being communicated by NHSE; this paper sets out what is known to date.

2.4 Within the guidance, some LTP commitments are referred to as 'critical foundations to wider change'; which all systems are required to deliver for both service transformation (Chapter 2) and system development (Chapter 3). This delivery needs to be in line with nationally defined timetables or trajectories, which will be published later in the year.

2.5 Systems have been given 'substantial freedoms' to prioritise and define the pace of delivery for the majority of commitments which are set out in Chapters 4 and 5 of the guidance; some of which will require national enabling actions before they can be implemented at scale across the NHS, although it is clear that all commitments are to be achieved by the end point of the Long Term Plan. For these commitments, delivery timetables and trajectories will be agreed by region. Clarification will be sought whether this will be the Greater Manchester Health and Social Care Partnership or the North West region.

2.6 System plans will also need to prioritise actions that will help improve the quality of, and access to care for their local populations, with a focus on reducing local health inequalities and unwarranted variation. Additionally, ensuring that the requirements relating to staff (Chapter 6) and the development of a digitised NHS (Chapter 7) are detailed.

3.0 High level LTP Implementation Framework summary

3.1 The LTP Implementation Framework guidance is set out in chapters, each of which is structured to clarify how the LTP commitments should translate into local system implementation plans. The next section will give a headline summary and pull out the areas for which additional funding has been identified. It should be noted that whilst the overall timeframe for delivery is 2023/24, the phasing and trajectories associated with individual requirements are not yet known.

Delivering a new service model for the 21st century (Chapter 2)

3.2 This chapter sets out 'critical foundations for change'. Plans will need to set out how these commitments will be delivered and the five year trajectories for doing so. The chapter covers:

- Transformed 'out-of-hospital care' and fully integrated community-based care
- Reducing pressure on emergency hospital services
- Giving people more control over their own health and more personalised care
- Digitally-enabling primary care and outpatient care
- Better care for major health conditions: Improving cancer outcomes

- Better care for major health conditions: Improving mental health services
- Better care for major health conditions: Shorter waits for planned care

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

3.3 There are a significant number of requirements related to transforming out of hospital care / integrated community based care, linked to Primary Care Networks (PCN) and community services, which is an area within MHCC for which the working approach has not yet been fully defined. As a minimum system plans should focus on:

- Meeting the new funding guarantees for primary medical and community health services
- Supporting the development of their PCNs
- Improving the responsiveness of community health crisis response services to deliver services within 2 hours of referral; and reablement care within 2 days of referral (linked to the four strategic priorities for community services, two of which will be jointly delivered by PCNs)
- Creating a phased plan of the specific service improvements and impacts (including the new GP contracts with seven new service specifications) that will enable primary and community services to achieve, year by year.

3.4 The schedule of improvements must be approved by the community providers and PCN clinical director, and be linked to the new funding guarantee.

Reducing pressure on emergency hospital services

3.5 System plans are required to show how local urgent and emergency care services will work to provide an integrated network of community and out of hospital care. Where systems can reduce pressure on emergency services they can benefit from an upside financial, capacity and staffing 'dividend' which can be re-invested in local priorities. How this would apply in GM will need to be considered.

Giving people more control over their health and personalised care

3.6 Systems are expected to implement the six components of the NHS Comprehensive Model for Personalised Care. Funding to support this is detailed as:

- The Network Contract Direct Enhanced Services (DES) 2019/20 – employment of social prescribing link workers.
- Targeted funding to deliver the NHS Comprehensive Model for Personalised Care from 2019/20 to 2021/22.
- Targeted funding 2019/20 to 2021/22 to CCG Champions to deliver components of the model.
- NHSE/I commitment to increase funding for children's palliative and end of life care; with an expectation that this is match funded where CCGs commit to increase their local investment.

Digitally-enabling primary and outpatient care

3.7 Plans should show increased use of digital tools to transform how outpatient services are offered and provide more options for virtual outpatient appointments, in order to remove the need for up to a third of face-to-face outpatient visits.

3.8 The requirements focus on the primary care delivery of the 2019/20 planning guidance and General Medical Services Contract framework such as on-line and video consultations. Targeted funding will be available for selected sites to test 'digital first primary care', with further detail to follow.

Better care for major health conditions: Improving cancer outcomes

3.9 Systems need to practically set out how they will deliver the LTP commitments, while improving operational performance in a number of stipulated areas including:

- Improving 1-year survival rate.
- Improving bowel, breast and cervical screening uptake.
- Rolling out FIT (bowel screening) and HPV primary screen in cervical screen programme.
- Improving GP referral practice.
- Implementing faster diagnosis pathways.
- Improving high quality treatment services through the roll out of Radiotherapy Networks, Children and Young People's (CYP) Cancer Networks and reform of Multi Disciplinary Teams (MDT)
- Roll out of personalised care interventions.
- Addressing unwarranted variation.

3.10 Funding (£400m) will be distributed on a 'fair shares' basis to Cancer Alliances by 2023/24 to support delivery. Targeted funding will support roll out of lung health checks, rapid diagnostic centres, and innovation for early diagnosis.

Better Care for major Health Conditions: Improving Mental Health Services

3.11 There is a strong focus on improving mental health within both the LTP and the Implementation Framework. There is a commitment that investment in mental health services will grow faster than the NHS budget overall for each of the next 5 years, and in addition CYP Mental Health services will grow faster than both overall NHS funding and total mental health spending. Funding to deliver the Mental Health Five Year Forward View (MH5YFV), and LTP commitments will be available via a mix of CCG base-line allocations and transformation funding over 5 years.

3.12 System plans will need to set out how they will meet Mental Health investment standard, and deliver commitments taking account of patients and carers race equality framework, which is in development.

3.13 Specialist mental health and learning disability services will be managed by NHS Provider-led collaboratives, with a plan to increase devolvement to lead providers for child and adult low and medium mental health services.

3.14 The increased funding within existing allocations will be expected to deliver the LTP including stabilising and expanding core community teams for adults and older adults with severe mental illness , rolling out adult community access targets and services for people with diagnosis of 'personality disorder', Early Intervention Psychosis, adult eating disorders and mental health community rehabilitation.

3.15 Additional fair share will be available to support delivery of:

- 345,000 additional CYP (0-25) nationally to access support vis NHS-funded mental Health services. (in addition to the MHFYFV commitment)
- Expansion of specialist community perinatal mental health in 2019/20.
- 24/7 access to adult crisis resolution and home treatment team by 2020/21.
- 24/7 crisis provision for CYP by 2023/24.
- 100% coverage across the country for local mental health crisis pathways by 2023/24.
- To deliver in new models of integrated care with PCNs from 2021/22 to 2023/24.

3.16 Individual systems will receive funding for salary support for IAPT trainees (60% of salary) and school /college based mental health support teams which will contribute to the CYP mental health access. Targeted funding will be provided to specific regions for a number of pilots and smaller initiatives which span primary, community and acute care, forensic services and wider government strategies such as rough sleepers.

Better Care for major Health Conditions: Delivering Shorter Waits

3.17 Systems will be required to set out how they will expand the volume of planned surgery year on year, reduce waiting times and size of waiting list. There is a requirement for no 52 week referral to treatment (RTT) waits, a planned NHS-Managed Choice process in place for patients who exceed 26 week wait, and by 2023/24 for all patients to have access to musculoskeletal (MSK) First Contact Practitioner.

Increasing the focus on population health – moving to Integrated Care Systems (ICS) everywhere (Chapter 3).

3.18 Chapter 3 is focused on the development of integrated care systems, with the clear requirement that **all STPs need to set out a plan to become an ICS by April 2021.** Systems are expected to assess as 'Mature' against the ICS Maturity Matrix' by April 2021 (characteristics are listed in the guidance).

3.19 The Integrated Care Provider Contract was published in the summer 2019, which is expected to offer greater opportunity for the greater integration of primary medical services with other services care with other services.

NHS Action on Prevention (Chapter 4)

3.20 There is an expectation for systems to work in close partnership with public health and set out how preventative services will develop to respond to local need and deliver the commitments of the LTP. Nationally, a set of indicators and datasets will be developed to monitor the impact of the prevention activities.

3.21 Additional funding will be available for prevention programmes related to:

- **Smoking** – NHS funded smoking cessation selected sites in 2021/22; additional indicative allocations for all STPs in 2021/22 for the phased implementation of NHS smoking cessation for all inpatients who smoke, pregnant women and users of high-risk outpatient services.
- **Obesity** – local referral trajectories to be set out for Diabetes Prevention Programme uptake; targeted funding for small number of selected sites to pilot an enhanced weight management service (focused on people with Type 2 diabetes, and morbidly obese)
- **Alcohol** – targeted funding for 2020/21 to develop Alcohol Care Teams in hospitals with the highest rate of alcohol dependence related admissions
- **Air Quality** – targeted support provided from NHS Sustainable Development Unit to spread best practice.
- **Antimicrobial resistance** – targeted support available via regions to implement the five-year national action plan.

Delivering further progress on care quality and outcomes (Chapter 5)

3.22 The commitments for the wider service transformation and areas where additional funding will be made available are set out in Chapter 5 covering:

- A strong start in life for children and young people.
- Learning Disabilities and Autism.
- Better care for major health conditions.
- Research and innovation to drive future outcomes for improvement.
- Genomics.
- Volunteering.
- Wider Social Impact.

A strong start in life for children and young people (including maternity and neonatal)

3.23 Local Maternity Systems (LMS) are allocated fair shares funding to 2020/21 to support ‘Better Births’ and will continue to receive financial support for senior clinicians up to 2023/24. The majority of additional funding will be available for systems to support a range of initiatives 2021/22, with the exception of the UNICEF Baby Friendly Initiative, for which targeted funding is available from 2019/20.

3.24 In April 2019 the national Children and Young People's Transformation programme was established. Local plans will need to include the establishment of local leadership and clearly show how improvements will be made in childhood immunisations and childhood screening to meet the baseline standard in the NHS public health agreements.

3.25 The local plans are required to have a specific focus on developing age appropriate integrated care, improving care for children with long term conditions, treating and managing obesity, mental health services and improving cancer outcomes.

3.26 Additional funding will be available to systems as follows:

- 2021/22 to 2022/23 targeted investment to support integration and CYP services with additional indicative funding to all systems in 2023/24 to support integrated services
- Targeted funding from 2021/22 to increase capacity to treat obese children and their related severe health complications.

Learning Disability and Autism

3.27 System plans will need to cover a range of elements spanning the system leadership arrangements for the local plan, appropriate use of digital flags within a patient record and the specific achievement of standards such as the reduction of impatient bed usage and achievement of physical health checks for people with Learning Disability. System investment should identify what community provision is in place that can be built on for intensive crisis and community support.

3.28 Funding to deliver the LTP is available through allocations and additional service development funding, distributed to all systems, which includes agreed transfers for specialist services, community investment and for Transforming Care Partnerships.

3.29 Targeted funding will be available to:

- Support pilots for community services from 2020/21. Indicative additional funding allocations have been made to support roll out in 2023/24.
- Development of key workers for CYP inpatient unit in 2020/21(initially focused on inpatient units). Indicative additional funding allocations have been made to support roll out in 2023/24.
- Catch up for Learning Disabilities Mortality Review (LeDeR) Programme in 2019/20.
- Roll out, as part of the PCN arrangements, of STOP – STAMP programmes, available from 2020/21.
- Test models of eye, dental and hearing services going into residential schools from 2021/22.
- Capital investment for 2019/20 and 2020/21 to develop new housing options and accommodation in the community.

Better care for major health conditions

3.30 The 'major health conditions' covered under the guidance are cardiovascular disease (CVD), stroke, diabetes and respiratory disease.

3.31 **CVD:** The focus required for CVD is to improve prevention, early detection and treatment. Funding is included in indicative allocations, with additional fair shares funding available from 2020/21 to increase the number of people with CVD treated for Atrial Fibrillation (AF), high blood pressure and high cholesterol. Additional targeted funding is available as follows:

- Increasing the numbers of people with CVD treated for AF, high blood pressure and high cholesterol, supported in 2020 by the CVD PREVENT. From 2020/21 funding will be included in the fair shares for systems.
- Testing use of technology to increase referrals / uptake to cardiac rehab. Funding for wider roll out included in fair shares funding from 2023/24.
- Pilots schemes to increase access to ECG / increase detection and treatment of people with heart failure and valve disease. Funding for wider roll out included in fair shares funding from 2022/23.

3.32 **Stroke:** The focus is on the establishment of Integrated Stroke Delivery Network (ISDNs), improving stroke services, and ensuring that Early Supported Discharge (ESD) is routinely commissioned, integrated with community services and available to all patients for whom it is appropriate.

3.33 Additional targeted funding will be available for roll out of the ISDNs, with additional targeted funding available for testing post hospital rehabilitation models available in 2020/21 and 2021/22. Fair shares funding for wider roll-out will be available from 2022/23.

3.34 **Diabetes:** Systems are required to set out their approach to improved services for people with Type 1 and Type 2 diabetes in line with the LTP commitments. The series of requirements covers management, treatment targets, structured education, health inequalities, self-management and access to inpatient specialist nurses.

3.35 Additional funding is available as follows:

- Central reimbursement arrangements to support 20% of people with type 1 to have access to 'flash glucose monitoring devices' in 2019/20 and 2020/21.
- Targeted funding for multidisciplinary foot care teams (MDFTs) and diabetes inpatient specialist nurses (DISNs) transformation projects.
- Targeted funding 2019/20-23/24 to support the delivery of the 3 recommended treatment targets and structured education.
- Targeted funding (for demonstrator sites) to test low calorie diets for obese people with Type 2 diabetes.
- Ensuring continuous glucose monitoring is available for pregnant women with Type 1 - funding to be confirmed later in 2019/20.

3.36 **Respiratory:** system plans are to focus on identification of respiratory disease and increasing referrals to pulmonary rehabilitation with a particular focus on the most socioeconomic disadvantaged people who are disproportionately represented in this cohort.

3.37 Targeted funding will be available for a number of sites in 2020/21 and 2021/22 to test expansion of pulmonary rehab and new models of care for breathlessness. Fair shares funding for wider roll out will be available from 2022/23. Additional Targeted funding to increase spirometry training via Primary Care Hubs will be available from 2020/21.

Research and innovation to drive future outcomes for improvement

3.38 System plans will need to set out how they will increase public and patient participation in research, work with innovators to test innovations, and work with Academic Health Science networks to ensure local adoption and spread of proven innovations.

Genomics

3.39 Systems will be required to work with their relevant Genomic Laboratory Hub and NHS Genomic Medicine Centres to ensure clinical pathways in place and operating to the required standard. This should ensure that all eligible patients should have access to the appropriate genetic testing.

Volunteering

3.40 Systems will be required to increase the appropriate use of volunteering across health and care services. Funding to facilitate expansion of volunteers will be available on a fair shares basis in 2019/20 to support the growth of volunteering especially in areas of deprivation. Further targeted funding will be for selected sites in 2020/21 and 2021/22.

Wider Social Impact

3.41 System plans will need to show how they are supporting and aligning with supporting wider social goals. In Annex D of the LTP Implementation Framework, a set of requirements are set out relating specifically to Health and the justice system, Veterans and Armed Forces, Health and the environment, Health and employment, and Anchor institutions.

Giving NHS staff the backing they need (Chapter 6)

3.42 In line with the themes of the Interim NHS People plan, system plans will be required to set out the actions that will be taken along a number of themes covering workforce transformation, leadership culture, workforce planning and growth, and the changing the workforce operating model. Specifically, the plan will need show how it will meet the requirements relating to:

- BME representation, the workforce Disability Equality Standard, setting out the planned workforce growth for particular groups.
- Improved retention, international recruitment and Apprenticeship Levy.
- Improve workforce efficiency and release 'greater time for care' linked to efficiency and productivity plans.

Digitally enabled care across the NHS (Chapter 7)

3.43 Systems are required to develop a digital strategy and investment plan consistent with the Tech Vision that describes how digital technology will underpin their local transformation plans over the next 5 years. This will include the approach to ensure that all secondary care providers are fully digitalised by 2024, and integrated with other parts of the health and care system e.g. through local shared health and care platform. There are a number of stipulated digital requirements relating to a defined level of digital maturity, adoption of Global Digital Exemplar Blueprints, and adherence to Health System Support Framework.

3.44 The strategy is expected to include plans to improve provision of services and information through digital routes, for which NHSX will provide guidance and support to accelerate. In relation to the security of data, 100% of organisations will be required to be compliant with a series of mandated cyber security standards by summer 2021.

3.45 Central funding will be available to support the delivery of digital strategies, with regions to establish pipeline of digital investment.

3.46 The guidance sets out how NHS organisations will be supported by a 'robust IT infrastructure' by 2024, and a list of digital services that will become available to patients over the next 4 years, including reference to nationally available services such as NHS.uk, NHS Login and NHS App. In addition an outline of the national work supporting the development of locally-delivered access to care records is provided.

4.0 Planning Assumptions / Greater Manchester process / National Process

4.1 The guidance sets out the funding at a national level, which has been allocated to support the commitments of the long term plan, the requirement from the Five Year Forward View, in addition to published indicative CCG allocations.

4.2 The guidance confirms two funding sources, one based on 'fair shares' and one based on 'targeted' funding. Both allocations are for specific schemes outlined in the guidance and contained within Section 3.

4.3 GM have confirmed that the 'fair shares' funding will be deployed based on local decision making, although confirmation if this is Manchester or GM is outstanding. GM has confirmed that the final two years of GM Transformational Funding (GMTF) are the first two years of five year planning round, with the balance in the remaining three years.

4.4 The tables below summarise the national funding available for 'fair shares' in Table 1, with an estimate of what the GM allocation may be which is highlighted in Table 2.

Table 1 - Additional indicative funding allocations					
England	**2019/20**	**2020/21**	**2021/22**	**2022/23**	**2023/24**
	£m	**£m**	**£m**	**£m**	**£m**
Total	**538**	**560**	**814**	**1,219**	**1,779**
Of which:					
1. Mental Health	60	65	220	441	592
2. Primary Medical and Community Services					
(a) Primary Care	321	335	359	369	364
(b) Ageing Well	0	30	70	204	343
3. Cancer	118	89	71	68	68
4. Other	39	41	94	137	412

4.5 GM has estimated the additional funding as outlined in table 2 below:

Table 2 - GM Calculation of 'Fair Share'						
	2019/20	**2020/21**	**2021/22**	**2022/23**	**2023/24**	**Total**
	£m	**£m**	**£m**	**£m**	**£m**	**£m**
GMTF	70	50				120
LTP Fair Share	8	11	44	67	98	228
Total	**78**	**61**	**44**	**67**	**98**	**348**

4.6 The national level of targeted funding is summarised in Table 3 below.

Table 3 - Targeted funding available to systems					
England	**2019/20**	**2020/21**	**2021/22**	**2022/23**	**2023/24**
	£m	**£m**	**£m**	**£m**	**£m**
Total	**418**	**939**	**1,101**	**1,249**	**1,481**
Of which:					
1. Mental Health	182	251	190	234	292
2. Primary Medical and Community Services					
(a) Primary Care	100	208	303	381	475
(b) Ageing Well	6	40	40	24	24
3. Cancer	46	121	198	186	398
4. Technology	26	238	199	192	179
5. Other	58	82	172	231	114

4.7 The targeted funding share for GM has not been calculated, but GM would like this to be allocated directly to them akin to the GMTF funding and the original Devolution agreement.

4.8 Indicative provider lead figures for specialised commissioning funding will be shared with local systems for planning purposes, at the time of writing this report, this information had not been shared.

4.9 There is a requirement to increase investment in mental health, children's, primary medical and community health services, with further information to be provided. The guidance stipulates allocation growth plus a percentage uplift, with the actual numbers unconfirmed currently.

4.10 The LTP includes 5 financial tests, which are summarised below and will be required to be demonstrated within the return.

Test 1 – the NHS will return to financial balance;

Test 2 – the NHS will achieve cash-releasing productivity growth of 1.1% per annum, with all savings invested in frontline care. In order to do this, there are a number of asks:

- Improving clinical productivity and releasing more time for clinical care.
- Maximising the buying power of the NHS.
- Development of pathology and diagnostic imaging networks.
- Pharmacy and medicines optimisation, including increased patient facing roles and Medicines Value Programme to deliver better value from medicines expenditure.
- Admin cost savings. (nationally £290m commissioners and £400m providers)
- Better use of capital investment and existing assets to drive transformation.
- Evidence based interventions programme.
- National Patient Safety Strategy, identifying improvements in patient safety.

Test 3 – The NHS will reduce growth in demand for care through better integration and prevention;

Test 4 – The NHS will reduce variation in performance across the health system; and

Test 5 – The NHS will make better use of capital investment and its existing assets to drive transformation.

5.0 Performance Indicator Trajectories

5.1 All commissioning organisations are required to set performance improvement trajectories in a number of areas. These are set out in Appendix 1.

5.2 Final performance trajectories will be submitted to the Greater Manchester and national teams in November, in line with the national timetable. The trajectories will reflect the programmes of work over the next five years. The accountable Executive Team member will sign off these trajectories prior to submission.

6.0 Five Year Planning Submission

6.1 A draft national template has been released which requires high level of detail of income and expenditure, activity, workforce and capital plans for the duration for the five year period.

6.2 The first draft national submission was 27 September, with a final submission by 15 November. A request has been made within the Manchester locality planning meeting that the submitted templates are shared to inform the work / agreements required for the national submissions.

Funding Allocations

6.3 CCG allocations have been published for 2019/20 to 2023/24, with 2022/23 and 2023/24 being indicative. The guidance confirms that running cost allocations will be reviewed and may be changed to reflect population changes before 2021/22, but currently to remain flat over the planning period at the value after the 20% reduction.

6.4 Additional allocations for the LTP are to be issued. The guidance confirms that these are additional to core CCG allocations, but may include recurrent funding for commitments which were supported on a non-recurrent basis in 2019/20; the implication of this needs to be understood.

Expenditure Assumptions

6.5 The guidance confirms the following assumptions need to be applied

Element	2020/21	2021/22	2022/23	2023/24	Notes
Tariff					
AFC pay deal	2.9%	0.7%			Price only
Pay and mix effects - AFC	n/a	2.1%	2.1%	2.1%	Price only
Pay and mix - other HCHS workforces	2.1%	2.1%	2.1%	2.1%	Price only
Tariff drugs	0.6%	0.6%	0.6%	0.6%	Price only
Revenue consequences of capital	1.8%	1.9%	2.0%	2.0%	Price only
Other operating costs	1.8%	1.9%	2.0%	2.0%	Price only
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%**	
Other provider cost/income					
CNST contributions	10.5%	10.5%	10.5%	10.5%	Total cost
Other commissioner costs					
Primary care prescribing	0.5%	0.5%	0.5%	0.5%	Price and volume

6.6 Commissioners should reflect CNST increases in addition to the tariff uplifted as per the table below:

Provider Type	Assumed impact on spend (national and local prices)
Acute and specialist	0.25%
Ambulance	0.06%
Community	0.02%
Mental Health	0.03%
Total	**0.21%**

6.7 Funding will be available from Financial Recovery Fund and Commissioner Sustainability fund, where an agreed recovery plan is in place.

6.8 Funding for Health Education England, research & development and the local authority public health grant planning assumption is to use net tariff as the price assumption.

6.9 Systems should assume nil pressure on employer pension contributions as a result of the 14.38% increase to 20.68% in April 2019.

6.10 CCGs should plan on continued growth in mental health spend in line with the Mental Health Standard. In 2020/21 the increase in expenditure will be allocation growth plus an additional percentage increment, in subsequent years, the assumption would be allocation growth. In 2019/20, the additional uplift over and above allocation growth was 0.6%. Confirmation of the planning assumption is outstanding.

6.11 The additional funding from the 'fair shares' and 'targeted funding' on mental health has to be spent in addition to the increase above.

6.12 The LTP commits to increase real terms expenditure on primary medical and community health services, specifically outlined are:

- Spend primary care (GP) allocation in full.
- Increase expenditure on primary medical, community services and continuing healthcare above overall CCG allocation growth, together with additional LTP allocations. This includes the commitment to invest £1.50 per registered patients to PCNs.

6.13 Indicative capital assumptions will be produced at a system level to support planning.

Activity Assumptions

6.14 Plans on activity should be based on local trends and reflect the following LTP Implementation Framework:

- How increased allocations will improve elective treatments year on year, cut long waits, and reduce size of long waiting lists.

- Set out how they will transform outpatients, increasing use of digital tools to redesign how services are offered and remove a third of face to face outpatient visits.
- In terms of urgent care, assumptions should be reviewed for demand growth, adjusted for demand management and reflecting delivery of national priorities. Ongoing service improvement for cancer treatment and A&E until any new standards are implemented.

7.0 Key planning milestones across health over the next 6 months.

7.1 The GMHSCP have issued guidance on the approach that GM will take in response to the NHS Planning guidance with a timetable for the various submissions that will be made up to November (below). Essentially, a GM lead has been allocated to each of the LTP areas to coordinate the response across GM that will inform GM Delivery Plan, and Locality Plan refresh process. MHCC is leading the development of the Locality Plan across Manchester, and linking with each of the GM areas work streams via the existing governance across the GMH&SCP.

7.2 The MHCC Operational Plan will describe how MHCC will meet the requirements of the 2020/21 NHS annual planning guidance which is expected to be in line with the LTP Implementation Framework. Locally, the planning process for 2020/21 has now begun. As stated in the introduction, the local MHCC planning process is essentially an integrated process working with all partners and the resultant single MHCC plan will encompass health, public health and adult social care. Our aim, is to deliver an operational plan which sets out the priorities across the system for the 2020/21 period that will read across the Locality Plan, wider policy and the City Council budget setting process.

7.3 Ultimately the plans will go through a number of bodies for scrutiny and decision including the Health Scrutiny Committee, the Council Executive, Manchester Clinical Commissioning Group (MCCG) Governing Body and the MHCC Board which will take place during January and February 2020.

Key NHS planning milestones timetable:

Action	Responsible	Due By
10 Refreshed Locality Plans	Locality Leads	29 November 2019
Locality Finance, Activity and Workforce Returns	Locality Leads	November 2019
Prospectus Implementation Plan	Exec Lead – Strategy & System Development	18 October 2019
Submission of Annual Operational Plans to relevant bodies for scrutiny and decision.	MHCC	Various submissions between December 2019-April 2020)

8.0 Recommendations

8.1 The Committee is asked to consider the report.