

# Given a 10-year plan for NHS and social care - what is needed and what can be done by NHS IMAS members?

NHS IMAS Webinar

15 November 2023

Paul Corrigan

# Given a 10 year plan for NHS and social care- what is needed and what can be done by NHS IMAS members

- It's almost certain that in 2024 or 2025 there will be a new long term plan developed for the NHS and social care (Reform; IPPR; Times Health Commission ; Labour's 10-year plan and Conservative “long term decisions for a brighter future” all say so)
- Everyone agrees what will be the necessary outcomes of the 10-year + plan
  1. There needs to be more and effective primary, secondary and tertiary prevention
  2. There needs to be more care outside of hospitals
  3. There needs to be much more consistent use of technology
  4. Integration within the NHS and with social care
  5. Inequalities of access, inputs and outcomes will have to lessen
  6. Prevention, care nearer home and technology will all have to save real money

Everyone agrees what the necessary outcomes will be – (but this time they will have to happen)

- 2014 Five year forward view; 2019 Long Term plan both had these aims.
- The reverse has happened. More staff and more resources in emergency care; fewer staff in community care; fewer GPs.
- Very patchy technology use
- Some success with sugar tax and falling smoking rates but higher obesity and sicker population
- Unless this next plan actually implements these aims in reality, it's difficult to see how the current care model of the NHS can survive in 10 years' time
- The arguments for change and therefore not ideological but must be material

# 1 Prevention needs to actually prevent

- *What needs to be done during the planning stages?* There are hundreds of schemes for primary, secondary and tertiary prevention, do they actually prevent? Over what time scale? Without effective short term prevention, the NHS may not get to the long term. 80% of prevention is non-NHS but that 20% is crucial secondary and tertiary prevention.
- *What needs to be done during implementation?*
- “Prevention has to prevent” Check that it is doing what it claimed.
- Most prevention services are good services in their own right and people will want to get them even if they are not high enough acuity.
- How to keep concentration of inequalities when others claim the service .
- Local coordination of non-NHS and NHS services to increase agency.

## 2 Care closer to home

- *What needs to be done during the planning stages?* Ensure that there are practical mechanisms to make it really happen this time. Role of new financial flows (Hewitt) ; Role of regulation; role of patient organisations; Role of skill mix; Role of carers and patients ; role of technology developing public opinion
- *What needs to be done during implementation?* The mechanics of above needs to be locally implemented by a system currently dominated by the hospitals. In the first five years the numbers of GPs and community nurses will be insufficient and will need skill mix to make this work at social, primary, and community care level. It will be important to maintain levels of acuity for entry to services rather than lower them.

### 3 There needs to be consistent use of technology

- *What needs to be done during the planning stages?* Recognise and publicise current absurdities of how NHS and care use tech compared to other services. Publicise existing NHS and social care examples where it works. Demonstrate how medium-term implementation saves money.
- *What needs to be done during implementation?*
- Motivation for change by staff should better utilise younger staff's day by day use of tech in their lives.
- As long as interoperability is ensured start achieving small tech changes rather than 'whole systems'.
- It is in the NHS's interest to play a strong role in reducing digital divide.
- Ensure that in the medium-term technology interventions actually save resources (as in other services).

## 4 Integration within the NHS and with social care

- *What needs to be done during the planning stages?* Honesty about what little real integration has happened on the ground. Identify real examples of integrated neighbourhood teams (INTS) ; how and why these have happened. Role of future financial flows; future role of regulators. Recognise the necessary role of social care and immediately upgrade skills.
- *What needs to be done during implementation?* Make creation of INTs happen locally. Return to National Voices I statements. Help organise local patient groups to play a role. Place based better local authority and NHS provider relationships.

## 5 Inequalities of access, inputs and outcomes will have to lessen

- *What needs to be done during the planning stages?* Re Access to NHS services the real “Hard to reach group” are public services themselves. How to make it easier for communities to reach them? Experiences of Covid and vaccination. Threat of long-term NHS collapse if basic inequalities of access continue. Outcomes will need wider interventions beyond the NHS.
- *What needs to be done during implementation?* Need to actually manage population health through actions to concrete change relationships with communities. Examples of concrete changes in relationships with public services.



## 6 Prevention, care nearer home and technology will all have to save real money

- *What needs to be done during the planning stages?* Making allocative efficiency real. Move beyond current rhetoric about Return on Investment to actually saving money. New financial flows to demonstrate how that works. Public discussion of issue of waste.
- *What needs to be done during implementation?* If innovations are intended to save money and don't - stop them. Constantly check on skill mix of all activities. Re-work new technology with newer technology. Over the decade learn from other services who will be in advance.