Simon Stevens
Chief Executive
NHS England
Skipton House
80 London Road
Camberwell, SE1 6LH

27 September 2018

cc: LTP consultation, Simon Enright, Neil Churchill, Emma Easton by email

Dear Simon,

VCSE Health and Wellbeing Alliance response to the development of a long-term plan for the future of the NHS

We write in response to the initial consultation on a long-term plan (LTP) for the future of the NHS on behalf of the VCSE Health and Wellbeing Alliance. While constituent members of the Alliance have been contributing individually on their areas of specialism, we write jointly here to highlight cross-cutting, system-level issues that the long-term plan should address.

We strongly welcomed the commitment to an additional £20 billion of spending on the NHS and recognise that this success is the result of a concerted and sustained effort from yourself, organisations across the health and care sector, and political colleagues. Given the limited time available to develop the accompanying long term plan ahead of the budget, we also welcome the level of engagement and consultation that NHS England has undertaken with staff, stakeholders, partners and the wider public - in particular, the commitment shown to engaging and consulting with the VCSE sector. The transparency and openness with which NHS England is undertaking the process of developing the new long term plan has been very positive, and we look forward to this approach continuing throughout development and implementation of the plan. Evidently within the constraints of the time available this summer, using more in-depth co-production approaches may have been challenging, but we hope the next stages of development from November will allow for more detailed dialogue, and opportunities to contribute to the decision-making processes around its implementation.

The VCSE sector has a central role in helping achieve the vision of improved health and care, and is already keenly engaged in developing solutions to the challenges set out in the long term plan discussion paper. As you know, much of this work, and the barriers facing further solutions, were described in detail in the 2016 Joint VCSE Review. We very much appreciate the support that NHS England, alongside other system partners, have given to the Review, and your recent renewed commitment to the 2018 Action Plan. We know from your engagement with and support for this work that you understand the value that voluntary organisations can bring to health outcomes, particularly with respect to addressing health inequalities; its inclusion as a workstream in the plan is most welcome. We also understand that the opportunity of additional funding has created challenging spending decisions, and this will involve a pragmatic approach to decision-making from yourself and your team.

We make the following recommendations with a pragmatic, targeted focus on reducing health inequalities, achieving the recommendations of the VCSE Review, and enabling the ongoing collaboration between our sectors to find solutions to the challenges that the long term plan seeks to address:

- **Integrate addressing health inequalities across the LTP workstreams.** The LTP consultation structure and process has been tightly delineated into the various workstreams, without a clear approach of how cross-cutting issues will be integrated into each workstream. In particular, addressing health inequalities and barriers to care are central issues that will be relevant across almost all priority clinical areas and life stages. In practice, achieving this will mean holding workstream proposals to account for setting out how their work will address health inequalities, and to be effective, inequalities must be central to their approach. Each workstream should be situated in a population health management approach focused on inequalities, shared across systems in each place. This will be particularly important with respect to personalised care. To facilitate this, **the Alliance Inclusion Health subgroup could be engaged to deliver training or other resources to senior LTP workstream leads.** It is vital that each workstream takes a 'proportionate universalism' approach in work addressing health inequalities, otherwise Inclusion Health groups who experience the most extreme health inequalities will continue to be left behind in progress made. Ensuring accountability for additional CCG health inequalities funding would be achieved by **making elements of the additional funding contingent on demonstrating progress against inequality measures and targets**.

- For the same reason, we would welcome **clear recognition within each of the workstreams of the role of the VCSE sector as an important partner in delivering health outcomes**. The long term plan will be used as a blueprint by those working across the NHS for years to come, and a clear vision regarding the role of VCSE organisations across clinical priorities and life stages will provide an important point of reference for future collaborative work.

- **Expressly recognise the role of primary and community level care models in supporting people with multiple long term conditions.** The stratification of the LTP workstreams does not presently recognise the changing needs of people with multiple conditions, and the ways they may benefit from more personalised, holistic and community-based approaches.

- **Create stronger accountability mechanisms for health bodies around the implementation and reporting of wellbeing measures, requirements to engage in and demonstrate co-production of services, and to use social value approaches.** The VCSE Review 2018 Action Plan process has identified significant progress in developing wellbeing measures and supporting tools, but their uptake remains low among health bodies and their leadership, in the absence of clear signalling that they will be held accountable for achieving progress against them. Similarly, CCG assurance framework requirements to account for engaging in coproduction have not resulted in significant progress, which remains very dependent on local leadership and initiative. Social value approaches have great potential to maximise the social, environmental and economic impact of health spending, but remain poorly implemented and underused, particularly by CCGs, and need renewed commitment from senior leadership to embedding social value at scale. Stronger reporting and accountability requirements on these issues would drive a step change in health body behaviour. The measures that could be used to create such accountability have been developed and are ready to be deployed. Again, to be effective, **existing outcome frameworks need to be reviewed, and elements of the additional funding made contingent on demonstrating progress against such measures** to incentivise progress.

- **Prioritise the allocation of mid-term LTP funding to include work directly addressing social risks and determinants of health** such as poor housing, low income, debt and other contributory factors to poverty, which are key indicators of health inequality. PHE return on investment guidance already identifies that tackling social risks improves health outcome, and CAB research has shown social risk factors such as debt reduce meaningful engagement with health interventions. The LTP funding is an opportunity to invest in longer term, preventative work that will reduce demand on the NHS, particularly around the 2-5 year period of LTP implementation.

- **VCSE organisations are key providers of health services, and should become a recognised part of the primary care network.** Their support offer should be mandated and integrated as part of a multi-disciplinary care pathway. C**ommissioning opportunities should be used to invest in the VCSE sector and ensure it remains a sustainable partner in delivering health outcomes**. **Setting clear expectations that social prescribing schemes should fund referrals** would be one way of achieving this. The unsustainability of schemes that fund only the 'linking' element of social prescribing models, and not the organisations referred to is well documented, most recently in research by the RCGP and CAB. This could be achieved quickly by being mandated in the funding models of any future NHSE-supported schemes, and integrated into NHSE guidance. Another example of how this could be realised tangibly would be skilling up local voluntary organisations in mental health 'first aid', enabling them to act as a bridge to mental health services, reducing the need for acute interventions, and simultaneously investing in those providers to ensure their sustainability over the long term. We refer you to the submissions of Alliance members and the wider VCSE sector for further detailed suggestions.

- **Expand the ambition of the workforce workstream to consider the entire health and care workforce.** While the NHS undoubtedly directly employs a large proportion of the UK's health and care workforce, it must take a system-level view if it is to maximise the impact of the long term plan. In addition to staff employed as part of the care system, it must also consider how its strategy and practice affects the workforce of its providers, unpaid carers, and volunteers, all of which contribute significantly to achieving health outcomes. For example, the Alliance has been carrying work forward on the extent and value of volunteering in the NHS and its positive impact on patient experience, and the LTP should provide a vision for how to support and maximise its impact.

- **Set out the NHS's vision for collaboration across government.** While we anticipate social care reform will be consulted on separately in the near future, there is other ongoing work across government that contributes to health outcomes, often through addressing social determinants of health or by improving commissioning processes. Of particular significance is the loneliness agenda led by DCMS, Cabinet Office/DCMS ambitions to better integrate social value approaches into commissioning, and Crown Commercial Service/Cabinet Office work to encourage diverse markets of public services providers. There are compelling opportunities for cross-departmental collaboration in each of these areas that would act as further enablers beyond those described in the discussion paper. For example, a relatively small allocation of funding could support pilot work with commissioners to improve the integration of social value approaches into their work.

- **Continue to engage at a strategic level with the VCSE sector.** The Health and Wellbeing Alliance has rapidly developed into an important mechanism for strategic engagement and communication between our sectors, valued by stakeholders on both sides. It has made promising progress towards the objectives of increased integrated working and information sharing, and amplifying the voices of those with lived experience in the development of national and local policy and practice. Looking to the near future, **a clear role for the VCSE**

sector in the remit and representation of the NHS Assembly would help strengthen our ability to collaborate on solutions to health and care issues – in particular, empowering the Assembly to look at optimising the collaboration between our sectors, and the value that VCSE organisations contribute to health.

We appreciate that there is limited time ahead of the Autumn Budget to finalise the long term plan, but we are committed to working with your teams to help you implement these recommendations, particularly during the further work planned from November. Please do not hesitate to contact us should we be able to further support this process.

Yours sincerely,

The VCSE Health and Wellbeing Alliance membership