



The Policy into Practice briefing series from Making Every Adult Matter (MEAM) explores key national policy developments, what these mean for local people and local services, and how you can get involved in shaping what happens next.

The NHS Long Term Plan and multiple disadvantage

June 2019

What is it?

In June 2018, the government announced they would increase the NHS England budget by £20.5bn between 2018 - 2023, to ensure that NHS services are able to respond to the future challenges of a growing and ageing population, increasing levels of health inequalities and unmet needs.

In January 2019, the [NHS Long Term Plan](#) was published, which sets out how NHS England intends to use this investment across its services over the next 10 years.

This *Policy into Practice* briefing highlights how the key commitments made in the NHS Long Term Plan may impact people facing multiple disadvantage. It outlines how people in local areas and voluntary organisations working with people facing multiple disadvantage can engage with the Long Term Plan and influence its local implementation.

What does it say?

The Long Term Plan has three main aims:

- working in partnership,
- addressing health inequalities, and
- promoting personalised care.

Working in partnership

To encourage local services to work in partnership, the plan commits to a full national roll-out of integrated care systems (ICSs) by April 2021. In an integrated care system NHS organisations, local councils and others take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.¹ The ambition is that ICSs will evolve from existing partnerships of NHS organisations and local authorities, called Sustainability and Transformation Partnerships (STPs).

ICSs will enable more effective integration between NHS providers, commissioners and local authorities in order to deliver locally the commitments of the NHS Long Term Plan². Alongside this, the plan guarantees that over the next five years, investment in primary medical and community services will grow faster than the overall NHS budget. This creates a ring-fenced local fund worth at least an extra £4.5 billion a year in real terms by 2023/24.

How will this impact people and services?

Working in partnership is a key part of [the MEAM Approach](#). Too often services are designed and funded as if people go through problems in a linear sequence, which can cause people facing multiple disadvantage to be turned away from services because their needs are judged either too mild to meet a threshold, or too severe to be manageable. Much of the success of the NHS Long Term Plan will rest on the effectiveness of ICSs in bringing the right people together in local areas and developing a clear understanding of the needs of people facing multiple disadvantage.

ICSs should involve people with lived experience and those with strong public health expertise in their decision-making and service design. They should also be working with voluntary sector organisations with knowledge and expertise of people facing multiple disadvantage and who experience health exclusion.

¹ <https://www.england.nhs.uk/integratedcare/integrated-care-systems/>

² STPs and ICSs: Forty four Sustainability and Transformation Partnerships (STPs) were set up in 2016 to cover the whole of England. They operate as partnerships between the NHS and local authorities to run services in a more coordinated way. Integrated care systems (ICSs) are a new form of even closer collaboration between the NHS and local authorities. ICSs have already been set up in a number of areas and will replace all STPs by April 2021.

Addressing health inequalities

As part of the Long Term Plan, NHS England will continue to target a higher share of funding towards geographies with high health inequalities. Every local area across England will also be required as a condition of receiving Long Term Plan funding, to set out during 2019 “specific measurable goals and mechanisms by which they will contribute to narrowing health inequalities” by 2023/24 and 2028/29.

How will this impact people and services?

A local strategy to **address health inequalities** is essential, as multiple disadvantage can be both caused by health inequalities, and be a cause of health inequalities. While this commitment is welcome, there is little detail on how the goals to narrow health inequalities will be set.

Health inequalities are wide and varied and manifest differently for different groups. STPs and ICSs must engage people with lived experience, and the voluntary sector who work with people facing multiple disadvantage, to identify what should be measured, and ensure no groups who suffer from health inequalities are missed.

“What will these goals look like? The promise of more partnerships and a louder patient voice sounds like we might have a chance to say what we think should be measured. If each area needs to decide by autumn this year we best get talking!”

- Expert by experience.

Personalised care

A key ambition of the Long Term Plan is to promote a new service model in which patients get more options, better support, and properly joined-up care at the right time. The plan commits to train over 1,000 social prescribing link workers by 2020/21, who will connect people to local services to address issues related to wider determinants of health, such as housing. There is also a commitment to an expansion of Personal Health Budgets, to be available to more adults with long-term complex health needs. Personal Health Budgets give people greater choice and control over how care is planned and delivered. Up to 200,000 people will benefit from a Personal Health Budget by 2023/24.

How will this impact people and services?

The focus on **personalised care** echoes [the MEAM Approach](#), which advocates for person-centred support for people facing multiple disadvantage, to ensure that support is based around individuals' needs and aspirations rather than the needs of services.

The benefit of social prescribing link workers to people facing multiple disadvantage may be limited however if their role is only to signpost people to services. People facing multiple disadvantage may need additional support to access the service and implement changes in their lives. There is an opportunity for MEAM approach areas and voluntary organisations to work with link workers to ensure joined-up support.

What other commitments does it make?

The Long Term Plan also makes a series of specific commitments relevant to people facing multiple disadvantage:

Mental health

The plan commits to spend at least £2.3bn a year on mental health care as part of a renewed commitment to grow investment in mental health services faster than the overall NHS budget for each of the next five years. The plan makes the following commitments:

- **Access to care for common mental health problems:** The plan commits to the continued expansion of the Improving Access to Psychological Therapies programme to reach an additional 380,000 adults by 2023/24.
- **New and integrated models of primary and community mental health care for adults with severe mental illness:** Local areas will be supported to redesign core community mental health teams to move towards a new place-based service across health and social care. The offer will include access to psychological therapies, improved physical health care, employment support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance use. This includes maintaining and developing new services for people who have the most complex needs and proactive work to address racial disparities. NHS England will also test (in selected local areas) four-week waiting times for people to access community mental health teams.
- **Better mental health crisis response:** The plan will ensure that anyone experiencing mental health crisis can call NHS 111 and have 24/7 access to the mental health support they need in the community. They will also set clear standards for access to urgent and emergency specialist mental health care including specific waiting time targets for emergency mental health services from 2020.

How will this impact people and services?

The commitments under **mental health** are wide-ranging and have potential to impact positively on people facing multiple disadvantage, particularly commitments around community-based care and the greater attention on coexisting conditions and dual diagnosis of substance misuse and mental health issues. To be most effective though, implementation at the local level must involve people who have experienced these services, including those with lived experience of multiple disadvantage.

“Growing investment in mental health has potential for positivity if we’re consulted and they collaborate to create a plan and implementation featuring representation and action from people using the services.” - Expert by experience.

Rough sleeping

The Long Term Plan reasserts a £30 million investment for parts of England most affected by rough sleeping, as previously announced in the Ministry for Housing, Communities and Local Government's *Rough Sleeping Strategy*. This will include better access to specialist homelessness NHS mental health support and will be integrated with existing outreach services.

How will this impact people and services?

The investment for improved access to specialist homelessness NHS mental health and outreach support for **rough sleepers** is very welcome. People sleeping rough can be stuck in a vicious cycle where their poor mental health is an obstacle to services engaging with them. Specialist services, such as carrying out health assessments on the streets, are a tried-and-tested model of improving outcomes.

There is however little provision regarding people who are not sleeping rough but vulnerably housed or in temporary accommodation.

"It's not just people sleeping rough, its people who are vulnerably housed, people who are in temporary accommodation etc. It's a very good idea to pledge £30m to help people, but that needs to include everyone within the homelessness circle, not just people sleeping rough."

- *Expert by experience.*

Alcohol services

Alcohol Care Teams will be rolled-out in up to 50 hospitals with the highest number of alcohol-related admissions to support patients and their families who have issues with alcohol misuse. Teams will deliver alcohol checks to people and provide access to health services within 24 hours if problems are found.

Supporting prison leavers

The Long Term Plan recognises the huge numbers of people that move in and out of prison every year and the need to support the transition to community-based services so that people can continue to get the support they need. Over the next five years, RECONNECT, the care after custody service, will engage and support more people after custody per year. This will be supported by the full roll-out of a digital patient record system for more effective transfer of patient records before, during and after custody.

Alternatives to custody

An expansion of Community Sentence Treatment Requirements (CSTRs) provision to more women, people with learning disabilities, and people with mental health and additional requirements is also promised. CSTRs allow courts to require people to participate in community treatment to address issues such as poor mental health and alcohol and drug misuse, as an alternative to imposing a custodial sentence.

How will this impact people and services?

The increased use of CSTR's as an **alternative to custody** should ensure that less people facing multiple disadvantage are given custodial sentences, which do not adequately meet their needs. Requirements under CSTRs that are too stringent however, or which are not offered alongside appropriate support, may cause people to relapse, disengage from services or be returned to court. Requirements must not be so unrealistic that they set people up to fail, while services will need to be coordinated, and people will need additional support to access services and keep to the terms of their sentence.

The welcome commitments to **support people leaving prison** should ensure that more people have their needs met in the community and reduce the chance of reoffending. Local services should be aware that successful implementation of these commitments will require integration and partnership working with the new model of probation, being rolled out from 2020.

What can I do to influence it?

The implementation of the *NHS Long Term Plan* locally is being led by STPs and ICSs. They are required to develop their own strategies for the next five years on how to turn the ambitions and commitments in the *NHS Long Term Plan* into local action. These strategies are being developed between now and autumn 2019 (see timetable below).

We encourage local areas, service users, practitioners and voluntary sector organisations working with people facing multiple disadvantage to engage with this work at a local level. It is vital that these local strategies develop effective ways in which to improve the health outcomes of people facing multiple disadvantage.

Ideas for action:

- Have you made contact with your local STP/ICS? [You can find contact details for your local STP or ICS here.](#) You may want to think about data or case studies you have that are relevant to the areas of focus described in this briefing. What would you want to be included in the local strategy to reduce health inequalities and what could you offer to support this process? Are there things you're already working on which could be a good model for these new strategies to consider? What could you share to help inform or influence how decisions are made?
- Each local STP/ICS is being supported by a coordinator from Healthwatch to ensure local community engagement in shaping the local strategies. Could you offer to facilitate or host a group of people with lived experience to feed into the strategy locally? How else could you help support people to share their views? [You can find the contact details of your local Healthwatch contact here.](#)
- If you are a local MEAM Approach area or Fulfilling Lives area, please do discuss your ideas for engaging with your local STP/ICS with your MEAM Partnership Manager.

The timeline for this work is as follows:

When?	What?
April 2019	Initial local plans published by STPs/ ICSs including information on how they intend to engage with local communities.
Spring/ Summer 2019	Opportunity for people working locally to feed into the local plans of STPs and ICSs.
Autumn 2019	STPs and ICSs will publish their plans for the next five years.