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The NHS Long Term Plan and Older People

The CSP has previously published a briefing explaining the implications and opportunities of the NHS Long Term Plan for CSP members. This resource expands on the CSP briefing and highlights the Long Term Plan commitments for older people.

The NHS Long Term Plan commits to reshaping the NHS over the next decade, with a strong focus on rehabilitation. Physiotherapy has a pivotal role to play in achieving the ambitions of the plan.

The Chartered Society of Physiotherapy (CSP) are working with AGILE, NHS England and other stakeholders to influence the national initiatives being implemented as part of the Long Term Plan to help future-proof the NHS.

Vital decisions about what services are funded, and how these will be designed, will be made locally. These decisions will initially be made by NHS commissioners and providers, organised in Sustainability and Transformation Partnerships (STPs). During 2019 each STP is required to produce a five-year plan setting out how they will implement the Long Term Plan at a local level.

To optimise improvements in the health and care of older people, the physiotherapy profession must contribute to local planning processes and provide a clear steer on how services are to be developed and/or transformed.

Ageing Well in the Long Term Plan

The Long Term Plan aims to improve health outcomes and care quality for all people in England. With the number of people aged 60+ in England expected to increase to 18.5 million by 2025, STP implementation plans must have a strong focus on care and support for older people if the Long Term Plan vision of enabling people to remain healthy in their own homes for longer is to be realised.

The Long Term Plan's ambitions for improving care for older people include:

- **The development** of multi-professional integrated community teams and hubs. These teams will work with primary care to conduct proactive case finding for people living with moderate frailty risk. The teams will deliver targeted multidisciplinary assessment, follow up and support to optimise older people's independence in the community

- **A new approach** to urgent community response and recovery support. All areas of the country are expected to improve the responsiveness of crisis response and reablement services to meet National Institute for Health and Care Excellence (NICE) guidelines

- **A national roll out** of the Enhanced Health in Care Homes model. All care home residents will gain access to holistic integrated health and care services by the end of the decade, supported by multidisciplinary teams which include rehabilitative and therapeutic staff.

“Extending independence as we age requires a targeted and personalised approach... Primary care networks will from 2020/21 assess their local population by risk of unwarranted health outcomes and, working with local community services, make support available to people where it is most needed. GPs are already using the electronic Frailty Index to routinely identify people living with severe frailty. A proactive population health approach focused on moderate frailty will also enable earlier detection and intervention to treat undiagnosed disorders, such as heart failure. Based on individual need and choice, people identified as having the greatest risk will be offered targeted support for both their physical and mental health needs, which will include musculoskeletal conditions, cardiovascular disease, dementia and frailty...”

Integrated primary and community teams will work with people to retain their independence. For example, through delivering falls prevention schemes which include exercise classes incorporating strength and balance training.”

NHS England Long Term Plan para 1.17

Key Recommendations for Local Implementation

AGILE and the CSP recommend the following to support local implementation of the Long Term Plan:

- **Multi-professional** community teams should include physiotherapists and therapy support workers, and have a strong focus on reablement and rehabilitation to optimise older people's independence

- **Staff** in community teams and hubs should be deployed to work across acute, primary and community interfaces to enable continuity of care to be realised for patients, whether they are in hospital or at home. Similarly, services and care pathways should be designed to allow acute-based physiotherapists to look beyond the hospital admission and spend time working with patients, their carers and other health and care professionals in the community

- **Physiotherapy** and therapy support worker roles should be extended across community and primary care

- **Services** should be designed to optimise the physiotherapy profession's role in comprehensive geriatric assessment, personalised care and support planning, and advance care planning

- **Physiotherapists** specialising in the care and rehabilitation of older people should be placed at the beginning of and throughout patient care pathways in hospital and in the community

- **Services** should be redesigned to ensure people with complex and/or multiple long-term conditions and fluctuating rehabilitation needs are able to access the services they need quickly and easily to prevent crises

- **Local** multi-professional community teams will be aligned to new primary care networks and should be considered part of the wider health system which incorporates health, public health, social care and the voluntary sector. Forming new 'Integrated Care Systems', these health and care services need to work together to plan and deliver services which meet the needs of their local communities. This may require the redesign of existing rehabilitation care pathways.

Focusing on Population Health

New Integrated Care Systems (ICSs) will evolve from existing STPs and will have a key role in implementing the Long Term Plan. ICSs will bring together local organisations to transform care and improve population health, creating bodies for shared leadership and action. Through these bodies, healthcare commissioners will make shared decisions with providers and local authorities on how to use resources, design services and improve population health.

To influence commissioning decisions, physiotherapists must understand the health needs of their local population and demonstrate how investment in rehabilitation services could enable ICSs to:

- **Address** local priorities for care quality and improve health outcomes
- **Reduce** health inequalities
- **Implement** integrated care models
- **Improve** financial performance.

Existing data sets, for example Public Health England's Fingertips profiles, could be used by CSP and AGILE members to make the case for and aid decision makers' understanding of a population's rehabilitation needs. Evidence from the Kent Integrated Dataset and surrounding literature could also be used to demonstrate health system costs, for example those associated with frailty. Additional data may also be useful: for example from the imminent Physiotherapy Hip Fracture Sprint Audit; and the CSP's Physiotherapy Works evidence briefings.

Return on investment tools can also be used to make the case for investment in a range of services, for example falls prevention.

Physiotherapists also need to demonstrate the impact of interventions for older people with rehabilitation needs if rehabilitation services are to be developed and expanded. Physiotherapists and service managers should influence and work with their local STP and ICS to identify and agree priority impact measures for their area's health services. Priority measures could include, for example:

Domain	Example metrics	Example sources
Falls and fracture incidence data	Hip fracture patients per month	National Hip Fracture Database
Levels of independence and functional ability	Percentage of patients whose dependency was maintained or improved (Modified Barthel Index) Patient-reported outcome measures (PROMs)	National Audit of Intermediate Care
Hospital discharge destination data	Discharge destination Residence at post-discharge follow up (e.g. 48 hour; 30 day; 120 day)	Hospital Episode Statistics National Hip Fracture Database
Patient flow data	Hospital length of stay Delayed transfers of care (DTOC) incidences	Hospital Episode Statistics NHS England DToC Monthly Situation Reports

Supporting and Developing the Allied Health Professional Workforce

All STP areas have a Local Workforce Action Board which is responsible for developing the workforce which is necessary for the delivery of the Long Term Plan. Local workforce plans should include an expansion and development of the Allied Health Professional (AHP) workforce, to facilitate sustained improvements in services for older people.

As recognised in recent landmark publications from NHS Improvement and NHS England, AHPs can respond to the service demands facing the NHS. Central to this are physiotherapists and therapy support workers.

Continued growth in physiotherapy undergraduate education and postgraduate training to supply the NHS and increases in the number of AHP posts should form part of local workforce plans. Career enhancement opportunities for AHPs need to be attractive and accessible across the health system and include clinical specialist, leadership and commissioning roles.

It is vital that physiotherapists have the appropriate skills and experience to provide comprehensive rehabilitation for older people living with complexity and multimorbidity. Postgraduate education and training should provide opportunities for developing advanced clinical practice skills, including specialist assessment and non-medical prescribing qualifications which when deployed can help deal with workforce pressures, complexity and frailty risk.

Another priority is the investment in and development of support workers to take on higher levels of responsibility under the leadership of experienced physiotherapists (for example through training in exercise prescription and health coaching) and alignment of support worker roles across NHS services..

A CSP briefing on physiotherapy workforce requirements to deliver the Long Term Plan for England is due to be published at a later date.

What Can You Do to Help Realise the Ambitions of the Long Term Plan?

- **Read the full report**, or see the CSP's NHS Long Term Plan briefing

- **Find out** how the Long Term Plan is being implemented and how ICS's are being developed in your STP area

- **Find out** how your employer is feeding into Local Workforce Action Board plans and how to influence this

- **Find out** if AHP clinical and professional leads are part of the Long Term Plan planning processes and make contact with them to see how you can work together, for example to ensure the correct data is being collected to demonstrate impact on care quality and health inequalities

- **Where** AHPs are not part of the discussion, push for them to be

- **Share ideas** for change with managers and colleagues in community multidisciplinary teams in your STP/ICS and with other CSP members through your networks, such as on iCSP

- **Share case studies** of innovation and local service redesign models through the CSP's Innovations Database

- **See** the CSP's Physiotherapy Works evidence briefings.

The CSP – we've got your back!

To find out more about taking forward the Long Term Plan locally, contact the CSP's Campaigns and Regional Engagement Team.

AGILE

AGILE is supporting the implementation of the NHS Long Term Plan in order to ensure equal access to physiotherapy for all older adults. To contact or join AGILE, please visit the [website](#).