Fit for the Future
Working together to keep people well

Report to STP Board: 22 January 2019

Agenda item:	4.2
Title:	The NHS Long Term Plan
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Report purpose *(Please mark one in bold)*			
APPROVAL	DECISION	ASSURE	**INFORM**

Link to STP Priorities *(Please mark all applicable in bold)*			
AT HOME IS BEST	SAFE & EFFECTIVE HOSPITAL CARE, WHEN NEEDED	**WE'RE ONLY SUSTAINABLE TOGETHER**	SUPPORTED DELIVERY

Committees/groups where this has been presented to before *(including date)*

Not applicable.

Purpose of the paper

The NHS Long Term Plan was published on the 7 January 2019 following the funding settlement announced by the Prime Minister in June 2018, which will see an additional £20.5 billion going into the NHS by 2023/24. Some elements of the plan are clearly defined whilst others are still under development. The Plan is important context for the strategic choices we will be making as a system over the next few months. In due course, this will then be reflected structurally as our Sustainability and Transformation Partnership (STP) becomes an Integrated Care System (ICS) by 2021.

This paper provides the STP Board with an overview of themes raised within the Plan and how the System will address these, where we are not doing so already.

The STP Board is invited to:

The STP Board are asked to note the contents of this report.

1. INTRODUCTION / BACKGROUND

The NHS Long Term Plan was published on the 7 January 2019 following the funding settlement announced by the Prime Minister in June 2018, which will see an additional £20.5 billion going into the NHS by 2023/24.

Some elements of the plan are clearly defined whilst others are still under development. In some places we will have the opportunity to shape, influence or decide how and when we implement the content, but other elements will be mandated, and the delivery mechanisms more clearly set out. Further detail is provided and/or expected in a number of other papers:

- The NHS Operational Planning and Contracting Guidance for 2019/20 - *published 10 January 2019*
- The green paper for Social Care – *due to be published by the end of January 2019*
- Workforce Implementation Plan – *due to be published later in 2019*
- NHS Clinical Standards Review – *due to be published spring 2019*
- A national review of NHS targets – *expected Autumn 2019*

The Long Term Plan is important context for the strategic choices we will be making as a system over the next few months. The Plan sets out five main themes which are

1. All systems will become Integrated Care Systems (ICSs) by 2021;
2. A new model for integrated primary and community services will be implemented which enhances out-of-hospital care;
3. Systems will receive real-term investment and work together to use resources collectively;
4. There will be better care for major health problems, supported by research and innovation; and
5. Delivery of care will be supported by an enhanced workforce and digital approach.

2. BODY OF REPORT

All systems will become Integrated Care Systems (ICSs) by 2021.

The Plan outlines that ICSs will 'grow out' of STPs and sets out a number of the ingredients to becoming an ICS, the majority of which the Cambridgeshire and Peterborough System already have in place. Every ICS will have:

- a partnership board, drawn from and representing commissioners, trusts, primary care networks, and – with the clear expectation that they will wish to participate - local authorities, the voluntary and community sector and other partners;
- a non-executive chair (locally appointed, but subject to approval by NHS England and NHS Improvement) and arrangements for involving non-executive members of boards/ governing bodies;
- sufficient clinical and management capacity drawn from across their constituent organisations to enable them to implement agreed system-wide changes;
- full engagement with primary care, including through a named accountable Clinical Director of each primary care network;

- a greater emphasis by the Care Quality Commission (CQC) on partnership working and system-wide quality in its regulatory activity, so that providers are held to account for what they are doing to improve quality across their local area;
- all providers within an ICS will be required to contribute to ICS goals and performance, backed up by a) potential new licence conditions (subject to consultation) supporting NHS providers to take responsibility, with system partners, for wider objectives in relation to use of NHS resources and population health; and b) longer-term NHS contracts with all providers, that include clear requirements to collaborate in support of system objectives;
- clinical leadership aligned around ICSs to create clear accountability to the ICS. Cancer Alliances will be made coterminous with one or more ICS, as will Clinical Senates and other clinical advisory bodies. ICSs and Health and Wellbeing Boards will also work closely together

Further, ICSs will play a role in developing population health approaches. Using data to understand and target population groups, the Cambridgeshire and Peterborough System will be expected to take more preventative action and systematically address health inequalities across the patch. Working as a System, we will need to implement smoking cessation, obesity management and alcohol management services and measures to reduce air pollution and antimicrobial resistance over the next five years. We will need to develop local measures for our 2019 STP plan on how we will improve health inequalities by 2023/24 and 2028/29, including targeted interventions for carers, rough sleepers, people with gambling addictions and other at-risk groups.

Once we have progressed to ICS status, we will report against the ICS accountability and performance framework, which will include locally agreed outcome measures. In addition, we will choose which underpinning contractual options we will pursue to enable the development of new models of care.

However, the process by which an STP becomes an ICS is not outlined in the Plan. There is no nationally prescribed, “one size fits all” model for them (as each ICS will need to take a bottom-up approach to designing their model to ensure it meets their specific, local needs and priorities).

We are already well positioned to evolve into an ICS as we have already demonstrated joined up approaches to planning such as establishing an STP Board in September 2017, however, further work is required which is being led by Matthew Winn, Chief Executive, Cambridgeshire Community Services NHS Trust (CCS) and Caroline Walker, Chief Executive, North West Anglia NHS Foundation Trust (NWAFT) in the Longer Term Models programme of work.

A new model for integrated primary and community services will be implemented which enhances out-of-hospital care.

The Plan outlines a commitment to dissolving the historical boundaries between primary and community care, backed by a ring-fenced local fund of £4.5 billion real terms investment over the next five years. The process for allocating this funding is yet to be confirmed, but it is likely that the GMS contract will be a key mechanism for Primary Care Networks. The precise model and form of integration is not nailed down in the Plan - there remain a small number of structural options for integrating out of hospital care and these are likely to depend on existing relationships, capability, clinical leadership etc.

This model will be supported by actions to reform urgent and emergency care, to relieve the current pressures on our acute hospitals and ensure patients receive the care they need fast:

- Implement Urgent Treatment Centres and a 24/7 Integrated Urgent Care Service (via 111 or online) which provide a consistent out-of-hours service by Autumn 2020;
- Develop a 'Same Day Emergency Care' (SDEC) service (i.e. ambulatory care) delivered by every medical and surgical department during 2019/20 (12 hours a day, 7 days a week), which will increase the proportion of patients with certain conditions returning home on the same day as an attendance from a fifth to a third;
- Provide an acute frailty service >70 hours a week;
- Continue work to rapidly assess and treat patients with serious illness or injury;
- Continue our work on Delayed Transfers of Care (DTOC), which has been delivering to target, to maintain an average DTOC figure of 4,000 or fewer delays over the next 2 years, and reduce these further over the next 5 years; and
- By 2023, a single multidisciplinary Clinical Assessment Service (CAS) will typically act as the single point of access for patients, carers and health professionals for integrated urgent care and discharge from hospital.

In Cambridgeshire and Peterborough, we have already started on the journey of developing a new model for primary and community care. Provider Alliances have been established in the North and South to lead transformation, focusing initially on the development of Integrated Neighbourhoods. With primary care networks as their cornerstone, Integrated Neighbourhoods bring together all aspects of health services to provide joined-up, proactive care which keeps people well and out of hospital.

A key focus for our STP, through our Alliances, will be supporting the development and expansion of our Integrated Neighbourhoods. The Plan proposes a number of ambitious initiatives, such as rapid community response, enhanced services for people in care homes, providing a digital front door via the NHS app among other proposals, it is essential therefore that our Integrated Neighbourhoods are robust, well-supported and clinically led.

Through our Alliances, our System will work to further develop, embed and expand our Integrated Neighbourhoods, alongside reactive services for meeting urgent care needs – for example the various initiatives on admissions avoidance, and developing same day emergency care pathways, as also set out in the operational planning guidance. We will await further detail on the allocation and management of the new, ring-fenced primary and community care fund and will outline our plans to manage this in the 2019 planning round.

Systems will receive real-term investment and work together to use resources collectively.

The Plan gives a revised timetable for the NHS to return to financial balance. The number of Trusts reporting a deficit in 2019/20 is expected to halve, and all NHS organisations should be in balance by 2023/24 through the Financial Recovery Fund. This means that the System's financial deficit should be addressed over the next 5 years.

The funding processes for Trusts will move from Payments by Results to population-based funding. CQUINs will be reformed, and the control total and Provider Sustainability Fund (PSF) regimes will end. These changes will impact how and how much providers are paid.

An Accelerated Turnaround process will be introduced for the 30 worst financially performing trusts. The detail on how this will work, and which Trusts it includes is yet to be announced, but we would anticipate that at least one System partner will fall into this group. They are liaising with national bodies to understand the process and likely next steps as more information emerges.

The Plan continues the focus on efficiency, reducing unjustified variation in performance, delivering clinically-led improvement and putting the patient in the heart of the system through the 'getting it right first approach' (GIRFT). There will be push towards more non face-to-face outpatient care, with the intention to reduce face to face appointments by a third. This will be driven by increased use of telemedicine and mobile technologies. The ambition is where appropriate all patients can opt for the 'virtual' outpatient appointments. Work to develop this will also link closely with the developing integrated neighbourhoods.

As a System we will be asked to refresh our five-year plan in the Autumn. Furthermore, as a number of System partners are in financial deficit, we are expected to ensure the five-year plan incorporates financial recovery plans for each Trust in deficit. These Financial Recovery plans will set out the actions needed to make services sustainable at both Trust and System level, and the agreed responsibilities within our system to manage our resources collectively.

The increase in funding to primary, community and mental health services will develop and improve patient pathways across the System, improving our efficiency.

Across our System, we will need to work together to plan further System-wide efficiencies against key areas outlined in the Plan, such as outpatient's appointments and planned care.

With 2019/20 positioned as a transition year, the next steps for implementing the Plan are:

a) Local health systems receiving five-year indicative financial allocations for 2019/20 to 2023/24 and being asked to produce plans for implementing the Plan's commitments. Those local plans will then be brought together in a national implementation programme in the Autumn.
b) The Clinical Standards Review and the national implementation framework being published in the spring, to be implemented in October following testing and evaluation of any new and revised standards.
c) The NHS Assembly being established in early 2019. The Assembly – its members comprising third sector stakeholders, the NHS arm's length bodies and frontline NHS and local authority leaders – will advise the Boards of NHSE and NHSI and oversee progress on the Plan.
d) The spending review (expected in the Autumn) setting out allocations for NHS capital, education and training as well as public health and adult social care.

There will be better care for major health problems, supported by research and innovation.

The Plan sets out clear and costed improvement priorities for the biggest killers and disablers of our population, focusing on a strong start to life and better care throughout life for major health conditions. Proposals include work to increase the number of people registering for health research to one million by 2023/24 and the new NHS Genomic Medicine Service which will sequence 500,00 whole genomes by 2023/24. In the short term, seriously ill children who

are likely to have a rare genetic disorder, children with cancer, and adults suffering from certain rare conditions or specific cancers, will begin to be offered whole genome sequencing.

The Plan commits to grow investment in mental health services faster than the NHS budget overall for each of the next five years mental health will receive a growing share of the NHS budget, worth in real terms at least a further £2.3 billion a year by 2023/24. New and integrated models of primary and community mental health care, alongside the additional funding, will give 370,000 adults and older adults with severe mental illnesses greater choice and control over their care and support them to live well in their communities by 2023/24. The Plan sets the ambition, by 2023/24, to introduce mental health transport vehicles, mental health nurses in ambulance control rooms and build mental health competency of ambulance staff to respond to mental health cases. By 2023/24, NHS 111 will be the single, universal point of access for people experiencing mental health crisis and there will be an increase in alternative forms of provision for those in crisis, including non-medical alternatives to A&E and alternatives to inpatient admission in acute mental health pathways. The Plan also includes a commitment to integrated physical and mental health for children and young people, with funding due to grow faster than both overall NHS funding and total mental health spending over the next 10 years.

With the award of capital funding to develop an integrated mental and physical health children's hospital, our System will be a leader regionally, and nationally, in delivering integrated healthcare for children and young people.

Redesigning end-to-end pathways for major conditions will be key to achieving the ambition to move from late to early stage diagnoses in cancer and deliver on other clinical improvements outlined in the Plan. For example, as a System, we will continue to deliver excellent cancer care. In line with the Plan's ambition to increase the proportion of cancers diagnosed at stage 1 and 2 from around 50% to 75% of cancer patients by 2028, the proposal to develop a Cancer Research Hospital is projected to achieve a 10% shift from late to early diagnosis over 3 years, if implemented.

System partners will work together to develop these pathways, the delivery vehicle from some of which will be our Integrated Neighbourhoods. We will work with clinicians and staff across our system to develop integrated pathways which deliver on the above ambitions for improving outcomes for major health problems as part of the STP planning round.

Delivery of care will be supported by an enhanced workforce and digital approach.

It is acknowledged that the delivery of the Plan is reliant on more staff, working in rewarding jobs with a supportive culture. However, the detail on how this will be enabled is lacking in the Plan, as has been noted by the King's Fund, The Health Foundation Trust and numerous news outlets. Detailed proposals are due to follow in the Workforce Implementation Plan which is expected to be published later in 2019. This plan will set out how to optimise the existing workforce through making the most of their skills and expertise and enabling "smarter working" through the use of technology; however, it will also recognise the need for additional investment in training, education and continuing professional development.

The Plan outlines a number of proposals to grow our domestic nursing, Allied Health Professional (AHP) and medical workforce; through increases in training places, more accessible training, development of associate roles and flexible working arrangements for existing staff. It also indicates a 'step change' in international recruitment to address the staffing shortfall in the immediate term.

It is anticipated that 7,500 new nursing associates will begin training in 2019 and a following 4,000 mental health and learning disability nurses will be trained by 2021/24. We will need to work together as a System to understand how we can utilise and share workforce to achieve these ambitions.

In lieu of the workforce implementation plan, we need to be clearer on the staffing shortfall across the System and how this can be addressed to begin delivery of the ambitions set out in the Plan over the next 10 years.

In addition, the Plan sets out new ambitions for the digitisation of NHS services and the way in which patients, clinicians and carers interact. It is expected that by 2024, all providers will be at a core level of digitisation and within ten years the NHS will offer a “digital first” option for most patients. This focus on technology and digitisation will improve care by enabling the NHS to redesign clinical pathways, improve clinical efficiency and safety and empower patients, carers and clinicians. Information is being sent to GP’s quicker than ever before across the Cambridge and Peterborough STP and we have agreed a STP Digital Strategy.

We will need to build on the leading digitisation work across the System delivering on the target of full digital coverage by 2023/24, which will include access to shared health and care records and care plans.

Where Next?

We will work together as a System to implement the next steps indicated above for each of the key messages of the Plan. This will be driven by the Longer-Term Models programme of work which we have already established.

3. RECOMMENDATIONS

The STP Board are asked to note the contents of this report.

14 January 2019