

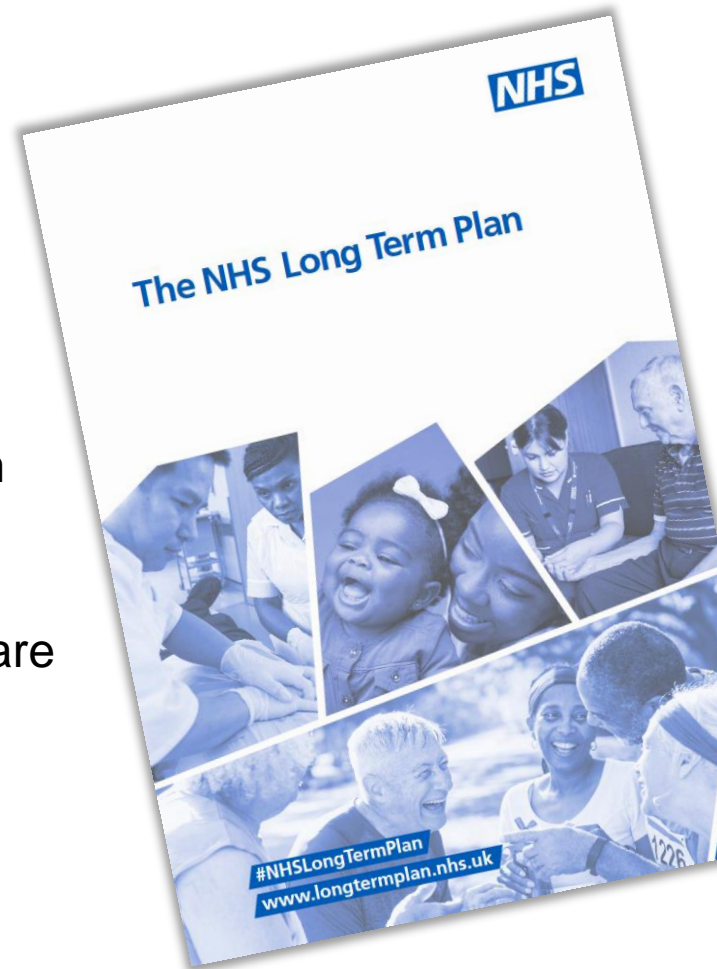


NHS Long Term Plan

Worcestershire Health Overview and Scrutiny Committee
Tuesday 5th March

NHS Long Term Plan

- Start with the good news – lots of continuity!
- Five main themes -
 1. 'A new service model for the 21st Century'
 2. 'Reducing pressure on emergency hospital services'
 3. 'People will get more control over their own health and personalised care when they need it'
 4. 'Digitally-enabled primary and outpatient care will go mainstream across the NHS'
 5. 'Local NHS organisations will increasingly focus on population health, moving to Integrated Care Systems everywhere'



'A new service model for the 21st century'

- Taking forward the learning from FYFV Vanguard
- Mainly refers to all of the new primary care contract and changes, mostly build on our direction of travel and a proportion copies PCE -
 - Primary Care Networks 30-50k
 - Shift of clinical leadership focus
 - Additional funding for non GP Practice staff – social prescribers, physios,
 - New QOF
 - New 'shared savings scheme'



‘A new service model for the 21st century’

- Same Day Emergency Care -
 - Using diagnostics and treatment practices to spend just hours in hospital rather than being admitted to a ward
 - Increases the proportion of ‘zero length of stay’ from 20% to 33%
 - Focus on Ambulatory Emergency Care and front door streaming
 - All hospitals to provide Same day Emergency Care services at least 12 hours a day 7 days a week and provide an acute frailty service for 70 hours a week. Clinical frailty assessments within 30 mins of arrival.
- ‘We will develop a standard model of delivery in smaller acute hospitals who serve rural populations’
- Avoid a third of face to face outpatient appointments within 5 years (30 million visits per year!)

Integrated Care Systems (ICSs)

- ICSs to cover the whole country by April 2021
- ‘Commissioners will make shared decisions with providers on how to use resources, design services and improve population health’
- Streamlined commissioning arrangements
 - ‘this will typically involve a single CCG for each ICS/STP area
 - ‘CCGs will become leaner, more strategic organisations that support providers to partner with local government and other community organisations on population health, service redesign and Long Term Plan implementation’
- ‘Funding flows and contract reform will support the move to ICSs’
 - Local alliance contracts or giving one provider lead responsibility
 - ‘we expect ICP contracts would be held by public statutory bodies’
- Full review of the Better Care Fund concluding in early 2019



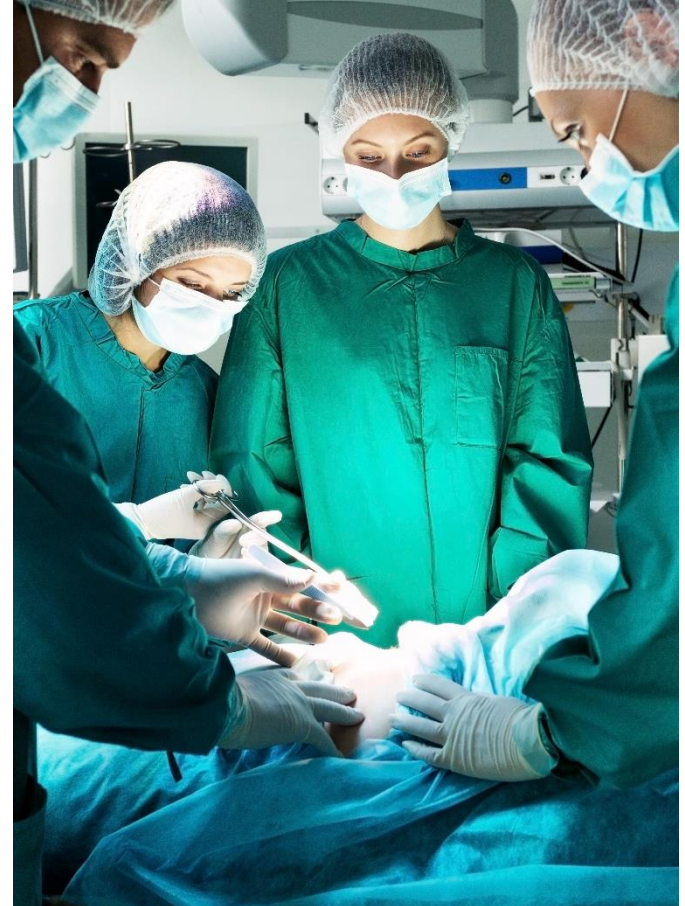
NHS action on prevention

- 'the NHS will provide a targeted support offer and access to weight management services in primary care for people with a diagnosis of type 2 diabetes or hypertension with a BMI of 30+'
- New targeted NHS funded smoking cessation offer
- 'hospitals with the highest rate of alcohol dependence-related admissions will be supported to establish Alcohol Care Teams'
- Reduce the NHS carbon footprint by 20% with less travelling
- Mental health ambulance transport vehicles that reduce inappropriate conveyance



Elective Care

- 'Grow the amount of planned surgery year-on-year and reduce the waiting list'
- 'direct access to MSK First Contact Practitioners by expanding the number of physios working in Primary Care Networks'
- Reintroduce the incentive system where both hospitals and the CCG will be fined for any patient who waits more than 52 weeks



Workforce

- Workforce implementation Plan to be published later in 2019
- 25% increase in nurse undergraduate places from 2019/20
- 50% increase in new nursing associates in 2019/20
- Increasing medical school places from 6,000 to 7,500 a year
- New state-backed GP Indemnity Scheme
- Various retention initiatives



Financial strategy

- 2019/20 will be a transitional year
- All NHS organisations to get back to balance by 2023/24
- Various financial rules around investment priorities
- 'Reforms to the payment system will move funding away from activity-based payments and ensure a majority of funding is population based'
- 'NHS Improvement will deploy an accelerated turnaround process in the 30 worst financially performing Trusts
- All STPs will work to a single System Control Total where organisations are responsible both for their performance and for that of other organisations in the system
- There will be a new Financial Recovery Fund to support organisation's efforts to become sustainable



Implementation

- NHSE and NHSI will implement a new shared operating model designed to support delivery of the Long Term Plan
- Duty to collaborate for providers and CCGs alike
- Changes set out can be achieved within current legislative framework, but Government should consider changes to the law that would -
 - Support the effective running of ICSs by allowing Trusts and CCGs exercise functions and make decisions jointly
 - Support the creation of NHS integrated care trusts
 - ‘Remove the counterproductive effect that general competition rules and powers can have on the integration of NHS care’
 - ‘Cut delays and costs of the NHS automatically having to go through procurement processes’
 - Make it easier for NHS England and NHS Improvement to work more closely together

New GP contract

- Increase in core GP contract funding by £978 million every year by 2023/24
- State-backed indemnity scheme for general practice
- A contract to invest in the development of Primary Care Networks
- Help join up GP and urgent care services
- By 2023/24 a new Primary Care Network is expected to invest £1.799 billion (or £1.47 million per typical network) including funding for 20,000 new health professionals
- Support to train and retrain staff through a new Primary Care Fellowship Scheme
- See improvements to the Quality and Outcomes Frameworks (QOF)
- Helps benefit practices and patients to benefit from digital technologies

Local translation

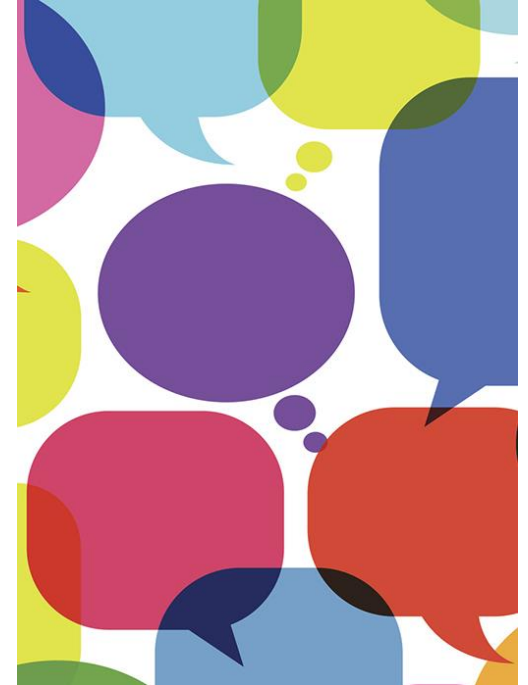
- Many of the key areas are already being developed by our local Sustainability and Transformation Partnership (STP)
- The STP priorities are consistent with themes outlined in the Long Term Plan, including:
 - Improving outcomes in areas such as cancer and stroke
 - Greater focus on mental health and learning disability services
 - Providing more care and treatment at home to reduce unnecessary admissions to traditional acute hospital services
 - Putting real emphasis on prevention where individuals are better equipped to manage more aspects of their long-term conditions themselves, and where communities are supported to live healthier and active lives.

Local translation

- We have made good progress on some of these priorities already, including:
 - Developing local neighbourhood teams which - for the first time in our area - are bringing together nurses, therapists, social workers and GPs into single teams responsible for supporting our most vulnerable patients in the local community
 - We have secured funding to improve mental health support for mums and families as well as increasing the access to psychological therapies
 - Schemes looking at how social prescribing, where patients are encouraged to access non-medical treatment, could be rolled out wider
 - Closer working arrangements across the four Herefordshire and Worcestershire CCGs

Stakeholder engagement

- Long Term Plan presents opportunity for wider staff and stakeholder engagement on our local priorities
- Activity will build upon engagement carried out in 2016 which informed the development of the Herefordshire and Worcestershire STP plan
- Focus on system-wide interpretation of Long Term Plan across our local health and care systems and what it might mean for residents
- Working very closely with Healthwatch who will support this engagement by targeting 'hard to reach' areas of our communities to ensure voices are heard at all levels
- Views will inform the development of our local Long Term Plan for Herefordshire and Worcestershire





Thank you

Any questions?