The South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee

Date: 18th March, 2018

TO: THE CHAIR AND MEMBERS OF THE SOUTH YORKSHIRE, DERBYSHIRE, NOTTINGHAMSHIRE AND WAKEFIELD JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

NHS LONG TERM PLAN

EXECUTIVE SUMMARY

1. This report sets out the background and context to the NHS Long Term Plan.

2. It highlights the areas of focus within the Plan, including clinical priorities, key service area commitments (such as mental health, primary and community care and reducing health inequalities) and enablers to delivery (workforce, digital and systems).

3. The plan is intended to provide a framework for local planning over the next five years and the report also outlines how South Yorkshire and Bassetlaw ICS will engage with its many audiences to determine what the NHS Long Term Plan means for them and to co-design the most effective ways to put the commitments into practice locally.

EXEMPT REPORT

4. There is no exempt information with the report.

RECOMMENDATIONS

3. That the Overview and Scrutiny Committee considers and comments on the information presented.

BACKGROUND

4. In June 2018, the Prime Minister announced a new five-year funding settlement for the NHS, a 3.4 per cent average real-terms annual increase in NHS England's budget between 2019/20 and 2023/24 (a £20.5 billion increase over the period). To access the funding, national NHS bodies were asked to develop a long-term plan for the service. The resulting document, the NHS long-term plan, was published on 7 January 2019.

5 It builds on the policy in the NHS five year forward view which explained the need to integrate care to meet the needs of a changing population. This was

followed by other strategies, covering general practice, cancer, mental health and maternity services, while the new models of care outlined in the Forward View have been rolled out through a programme.

6. The funding settlement applies to NHS England's budget only. This means that some areas of NHS spending included in the Department of Health and Social Care's budget – such as capital and education and training – are not covered by it.

7. The Plan seeks to strengthen the NHS's contribution in areas such as prevention, population health and health inequalities, though makes clear that progress in these areas will also rely on action elsewhere. The Spending Review, which is due to be published later this year and will outline the funding settlement for local government including social care and public health, will therefore have an important impact on whether wider improvements in population health can be delivered, as will the Green Papers on social care and prevention when they are published.

8. There are several commitments in the plan for **clinical priorities**, chosen for their impact on the population's health and where outcomes are behind those of other similar advanced health systems. These priorities include cancer, cardiovascular disease, maternity and neonatal health, mental health, stroke, diabetes and respiratory care. There is also a strong focus on children and young people's health.

9. In **cancer care**, the plan aims to increase survival rates by speeding up diagnosis. This includes extending screening and improving diagnostic services. A review of cancer screening programmes and diagnostic capacity is being undertaken and will report back in the summer. In 2020, a new waiting time standard will be introduced requiring that most patients get a clear 'yes' or 'no' diagnosis for suspected cancer within 28 days of referral by a GP or screening.

10. In **maternity and neonatal care**, the plan builds on the measures being implemented following the National Maternity Review. Among a range of commitments, continuity of care during pregnancy, birth and after birth will be improved, bed capacity in intensive neonatal care will increase in areas where this is currently lacking and mental health services and other support for pregnant women and new mothers will be improved.

11. The plan also sets out a number of actions to improve detection and care for people with **cardiovascular disease** (CVD) and **respiratory disease**, prevent diabetes and improve stroke services.

12. Improving care outside hospitals is another commitment in the plan; providing more care in and closer to people's homes. By 2023/24, funding for **primary and community care** will be at least £4.5 billion higher than in 2019/20.

13. The Plan outlines how general practices will join together to form primary care networks – groups of neighbouring practices typically covering 30–50,000 people. Practices will enter network contracts, alongside their existing contracts and networks will be expected to take a proactive

approach to managing population health. From 2020/21, they will assess the needs of their local population to identify people who would benefit from targeted, proactive support.

14. There is also a strong emphasis on developing digital services so that within five years, all patients will have the right to access GP consultations via telephone or online. Primary care networks will also roll out the successful approach pioneered by the enhanced health in care homes vanguards so that by 2023/24, all care homes are supported by teams of health care professionals (including named GPs) to provide care to residents and advice to staff.

15. Alongside primary care networks, the plan commits to developing 'fully integrated community-based health care'. This will involve developing multidisciplinary teams, including GPs, pharmacists, district nurses, and allied health professionals working across primary care and hospital sites. Access to community referrals (social prescribing) will also be extended.

16. The Plan confirms commitment to improving **mental health services**, both for adults and for children and young people. It reaffirms that mental health funding – provided through a ring-fenced investment fund – will grow and by the end of the 2023/24, mental health investment will be at least £2.3 billion higher in real terms.

17. There is also a strong focus on improving care for people with learning disabilities and autism. Commitments include increasing access to support for children and young people with an autism diagnosis, developing new models of care to provide care closer to home and investing in intensive, crisis and forensic community support.

18. **Workforce** is currently the biggest challenge facing the health service. The Plan recognises the scale of the challenge and sets out a number of specific measures to address it. However, many wider changes will not be finalised until after the 2019 Spending Review, when the budget for training, education and continuing professional development (CPD) is set. To inform these reforms, NHS Improvement, Health Education England and NHS England will establish a cross-sector national workforce group and publish a workforce implementation plan later in 2019.

19. **Digital technology** underpins some of the Plan's patient-facing targets. The NHS app will act as a gateway for people to access services and information; by 2020/21, people will be able to use it to access their care plan and communications from health professionals. From 2024, patients will have a new 'right' to access digital primary care services (e.g., online consultations), either via their existing practice or one of the emerging digital-first providers. By the end of the 10-year period covered by the plan, the vision is for people to be increasingly cared for and supported at home using remote monitoring and digital tools. Digital technology will also facilitate service transformation, including the redesign of outpatient services and reorganisations of pathology and diagnostic imaging services.

20. The Plan also focuses on **personalisation.** There is a commitment to rolling out the NHS comprehensive model of personalised care (which brings

together programmes aimed at supporting a whole population, person-centred approach). Community referrals (social prescribing) schemes will increase, broadening the range of support available, and the roll-out of personal health budgets will be accelerated.

21. It also confirms the shift towards i**ntegrated care and place-based systems**. ICSs will be the main mechanism for achieving this – the plan says that ICSs will cover all areas of England by April 2021 – and will increasingly focus on population health.

22. There are several core requirements for **ICSs**, such as the establishment of a partnership board comprising representatives from across the system. Systems will be required to 'streamline' commissioning arrangements, which will 'typically involve' a single CCG across each ICS. It also recognises that NHS organisations will need to work in partnership with local authorities, the voluntary sector and other local partners to improve population health.

23. ICSs will play a central role in the delivery of the commitments in the Plan whilst bringing together organisations to redesign care and improve population health and deliver integration across primary and specialist care, mental and physical health services and health with social care.

24. The move towards a more interconnected NHS will be supported by a 'duty to collaborate' on providers and commissioners, while NHS England and NHS Improvement will continue efforts to streamline their functions. The Plan suggests that progress can continue to be made within the current legislative framework but also puts forward a list of potential legislative changes that would accelerate progress, in response to requests from the Health and Social Care Select Committee and the government. The proposed changes include allowing joint decision-making between providers and commissioners and reducing the role of competition in the NHS.

25. It also has a strong focus on **prevention**. A renewed NHS prevention programme will focus on maximising the role of the NHS in influencing behaviour change, guided by the top five risk factors identified by the global burden of disease study: smoking, poor diet, high blood pressure, obesity, and alcohol and drug use.

26. ICSs will have a key role in helping to deliver these programmes and in working with local authorities, the voluntary sector and other local partners to improve population health and tackle the wider determinants of ill health.

27. The plan commits to a more concerted and systematic approach to **reducing health inequalities**, with a promise that action on inequalities will be central to everything that the NHS does. To support this ambition and to ensure that local plans and national programmes are focused on reducing inequalities, specific, measurable goals will be set.

28. Further detail on how the commitments in the long-term plan will be implemented will be set out in a national implementation framework, due to be published in spring 2019. However, there are a number of other plans and reviews that will have an impact on how the plan is implemented. These include the following:

- a clinical review of standards setting out expectations on operational performance, including a review of waiting time targets, due to be published in spring 2019
- a workforce implementation plan, overseen by a cross-sector national workforce group, due to be published later in 2019
- a review of the Better Care Fund, due to be completed in early 2019.

29. The Spending Review will outline funding for areas of NHS spending not covered by the plan such as workforce training and capital investment, as well as for social care and local authority-funded public health services. The social care Green Paper is expected to set out options for social care funding and proposals for health and social care integration. The prevention Green Paper, also expected in 2019, will focus on delivering the vision for prevention published in November 2018.

30. The plan is intended to provide a framework for local planning over the next five years. Local areas have received indicative financial allocations for 2019/20 to 2023/24 and, in the short term, will be expected to develop plans for implementing the long-term plan's commitments in 2019/20, a transitional year, as well as developing five-year system plans by the autumn.

Engaging health and care staff, patients, the public and other stakeholders to inform the South Yorkshire and Bassetlaw response to the NHS Long Term Plan

31. An essential part of the South Yorkshire and Bassetlaw response to the NHS Long Term Plan is undertaking wide engagement with health and care staff, patients, the public and other stakeholders across the region.

32. We are currently planning to engage with the many audiences to determine what the NHS Long Term Plan means for them and to co-design the most effective ways to put the commitments into practice locally. This engagement will culminate in a revised strategic plan for SYB which will then shape the work programme for the ICS.

33. The ICS is expected to take the lead in ensuring that communications and engagement staff from all the organisations involved in the local system – including local authorities and other non-NHS partners – are involved in delivering this activity. We will support teams in local organisations to conduct conversations and liaise with them to ensure we are co-ordinating resources.

34. To support the work, NHS England is investing nationally in local Healthwatches and the Health and Wellbeing Alliance to provide extra capacity to support additional engagement with the local public, and in particular seldom heard groups, to that which partners are expected to deliver.

35. The proposed way forward focuses on four areas:

- Local communities
- Health and care staff

- Local government
- Governors, non-executives and lay members

Involving people and communities in taking forward the NHS Long Term Plan

We will use the NHS England framework for 'what good engagement for Integrated Care Systems looks like' to shape our approach with patient and community engagement (see Appendix 1 for how we intend to adhere to the principles from the framework).

36. We have already started to co-design an action plan with our stakeholders for engagement across our system, based on the framework, and we will use the final agreed plan (to be agreed in February/March) to inform and strengthen our approach.

Involving health and care staff and clinicians

37. We want staff across the whole system have an opportunity to influence and be part of changes to our health and care service. To be engaged, they need to feel empowered, involved in decisions and able to act as leaders and ambassadors for change. It is also important that they have an understanding about what those proposals are and how they will impact them and their ways of working.

38 We want to ensure all staff have a chance to be involved in conversations, from hospital doctors, GPs, allied health professionals, nurses, local authority and social care staff, finance managers, administrative staff and the third sector as well as those who have a role to play in planning, commissioning or delivering services.

39 We are not starting engagement with staff from scratch. Several areas have already made good progress in engaging and involving staff in changes to health and care services locally, but we acknowledge that this is a challenging area of work.

40 We will use the NHS England framework to help take this forward. (see Appendix 2 for how we intend to adhere to the principles from the framework).

Involving local government

41. Our local government partners are connected with work that is developing in the emerging partnerships in Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield. We will work with our partnerships to have conversations about the Plan with:

- Health and Wellbeing Boards
- Council Executives
- Health Overview and Scrutiny Committees (HOSC), including the Joint HOSC

42. We are working with our local authority partners to shape proposals for partnership working and to identify a number of strategic priorities which would benefit from system collaboration. We will tailor our system wide approach following these discussions.

Working with Foundation Trust governors, non-executives and lay members

43. These key stakeholder groups are involved in the development of and decision-making connected to strategic planning and we will engage with them via established organisational routes as well system wide arrangements and events.

Next steps

44. The communications and engagement plan will be shared with the Collaborative Partnership Board and Executive Steering Group and once finalised, shared with Boards and Governing Bodies for their meetings in public. A copy will also be shared with the JHOSC.

45. Updates on the engagement and themes emerging from the feedback will be brought to the Collaborative Partnership Board and Executive Steering Group and can also be shared with the JHOSC.

46. A report on the engagement will be brought to the Collaborative Partnership Board and Executive Steering Group in the Summer, in order to inform the South Yorkshire and Bassetlaw Integrated Care System response to the NHS Long Term Plan. The report will also be shared with the JHOSC.

47. The SYB ICS response to the NHS Long Term Plan will be published in the Autumn. The areas of focus will form the basis of the ICS work plan for the next five years and therefore the current workstreams will be reviewed and aligned.

OPTIONS CONSIDERED

48. There are no alternative options within this report, as the intention is to provide the Committee an opportunity to consider the information presented, as detailed above.

REASONS FOR RECOMMENDED OPTION

49. There are no alternative options within this report.

RISKS AND ASSUMPTIONS

50. There are no specific risks associated with the recommendation in this report.

CONSULTATION

51. There are no consultation implications within this report.

BACKGROUND PAPERS

52.. Appendices

Appendix 1

Our approach to meeting the principles of the NHS England Patient and Public Involvement Framework

53 **Strong communication and engagement leadership**
We will plan our engagement together, as a system, considering how we align existing dialogue at local and system levels. This is an opportunity to work as a team, maximise local capacity and avoid duplication and mixed messages.

54 **Understanding existing information on needs and aspirations of people and communities**
We are not starting our engagement from a blank sheet of paper and already have many insights into the aspirations and experiences of our communities. Previous insight and feedback will inform our engagement activity. We will look at what information we already have and focus on filling gaps and helping stakeholders understand what the plan is and to tell us what they think.

55 **Transparency on decision-making**
We will develop a clear plan from the outset (internally and externally) on the timelines; when involvement is happening; how will it feed into the SYB Plan development; and how we will feed back on the involvement.

56 **Regular flow of communication updates across channels**
We will use the range of channels that we have across our system as a whole and in our places and partner organisations to keep people informed about plans for your area.

57 **Public information about vision, plan, progress and performance**
We will update staff and communities on progress and achievements to date, and test and share our priorities for the next five years.

58. **Proactive and systematic dialogue with public representatives**
Working with our partners, we will build on existing dialogue and relationships with Health and Wellbeing Boards, Overview and Scrutiny Committees, MPs and councillors, and community leaders.

59 **Involve the voluntary sector and Healthwatch as key partners**
NHS England has commissioned Healthwatch England and the Voluntary, Community and Social Enterprise (VCSE) Health and Wellbeing Alliance to support ICS engagement plans. We will work with our nominated SYB ICS HW and VCSE organisations to do this.

60 **Redesign services in partnership with citizens and communities**
Where partners are already involved in service design work this presents an opportunity to update on the impact this redesign is having, and to talk to people about what should be future priorities for redesign and improvement.

61 **Reach out to the unengaged to properly understand communities**
Taking a coordinated approach to engagement on the NHS Long Term Plan will enable us to draw on existing relationships and strengths in reaching residents. Data from JSNAs and equalities analysis are already used to identify communities across our places that need targeted involvement – and we will ensure we build on this work.

62 **Focus on patient and community empowerment**
Our engagement will also help continue dialogue about how we can make the most of the expertise, capacity and potential of people, families and communities in SYB to strengthen a sustainable health and care system.

Appendix 2

Our approach to meeting the principles of the NHS England Clinical Engagement Framework

63 **Setting out a clear vision or narrative**
We will work with our ICS partners to review and refresh our system narrative and ensure we have a clear vision of what it is we are trying to do as a system and what any changes will mean for staff. This will need commitment from all organisations.

64 **Thinking about our audiences**
We already have many insights into the aspirations and experiences of staff, so it's important to take stock of these and then concentrate our efforts on filling the gaps to help staff understand what the plan is and means for them.

65. Messages will be tailored to reflect experiences and concerns of different groups i.e. what do these changes mean for me as a nurse, junior doctor, physiotherapist, receptionist, or manager?

66. **Using existing communications channels on a cross-system basis**
We will use all channels, across every organisation in our system to engage staff.

67. This will include alignment of messages and engagement across the system via newsletters, website and intranet pages, social media, management updates and the various spaces that staff come together regularly – online or face to face - to share information.

68. **Encouraging a two-way dialogue**
We will ensure every member of staff has the opportunity to contribute and to influence and we will do this with two-way conversations in, for example, working groups, events, online surveys, focus groups and forums.

69. Showing the change happening
We will continue to work with staff who are leading change to highlight their successes and showcase progress from across SYB.

70. Reaching out to existing infrastructures of committees

We will connect with existing committees and unions. They have a key role to play in helping to inform staff and ensuring they are engaged in the decisions that affect them and the services they provide.

71. Developing system leaders across a system

We will support innovation and encourage people to think differently about ways or working and look to develop system leaders. Work is already underway to look at this important area, both with multi-professional staff and managers.

REPORT AUTHOR & CONTRIBUTORS

Will Cleary-Gray, Chief Operating Officer, South Yorkshire and Bassetlaw Integrated Care System.

Helen Stevens, Associate Director Communications and Engagement, South Yorkshire and Bassetlaw Integrated Care System.