



Healthier Lancashire & South Cumbria

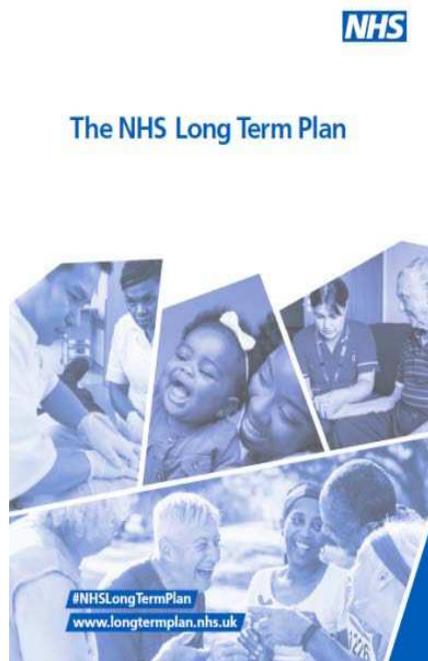
NHS Long Term Plan

Amanda Doyle OBE

Integrated Care System Lead

Chief Clinical Officer, NHS Blackpool and Fylde and
Wyre CCGs





- Five year funding settlement announced in June 2018 - £20.5bn a year by 2023/24;
- Reinforces the importance of organisations working together to join up services, including neighbourhoods;
- Stronger action to reduce health inequalities – supported by targeted funding;
- Increased investment in primary and community care, which will expand neighbourhood teams to support strong population health management;
- Key priority areas; cancer, mental health, learning disability and autism, diabetes, stroke and children’s health.

The role of Integrated Care Systems

- ICSs are central to the delivery of the Long Term Plan;
- As ICSs develop, greater collaborative responsibility will be supported and encouraged ('Duty to Collaborate');
- Every ICS will need streamlined commissioning arrangements to enable a single set of commissioning decisions at system level. Will typically involve a single CCG for each ICS 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.

4

Every ICS will have:

- A Partnership Board, drawn from commissioners, Trusts, primary care networks, 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 constituent organisations to enable implementation of agreed system-wide changes;
- Full engagement with primary care, including through a named accountable Clinical Director of each primary care network;



5

Every ICS will have:

- 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 contributing to ICS goals, performance and wider objectives in relation to stronger and active collaboration, the use of NHS resources and population health;
- 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.



New Service Models

- Increased investment in out of hospital and primary and community services;
- Redesign and reduce pressure on emergency hospital services;
- Renewed NHS prevention programme;
- Strengthened neighbourhoods (aligned to Primary Care Networks) with:
 - a strong focus on population health management working in partnership with local authorities;
 - direct links to local care homes, underpinned by supporting professional teams;
- Urgent community response and recovery support services;
- Increased focus on personalised care.

Urgent and Emergency Care

- Expand and reform urgent and emergency care services to improve access;
 - 24/7 multidisciplinary clinical assessment service (CAS), integrated with NHS 111, ambulance dispatch and GP out of hours services from 2019/20.
- By 2023, CAS will act as the single point of access for patients, carers and health professionals for integrated urgent care and discharge from hospital care;
- Every acute hospital with a major A&E department will:
 - move to a comprehensive model of same day emergency care;
 - provide an acute frailty service for at least 70 hours a week;
 - Further reduce DTOC, in partnership with local authorities.

Digital Technology

- Over the next five years, every patient will have a new right to choose telephone or online consultation;
- The digital NHS 'front door' will be through the NHS App – which will provide advice, check symptoms and connect people with healthcare professionals;
- Redesign of outpatients using technology, e.g. digital appointments, to reduce need for face to face appointments;
- Empower people and services through use of digital tools (with core mandated standards).

Prevention and Health Inequalities

- New commitments for action that the NHS itself will take to improve prevention – to complement local government and in which will be supported by funding for health inequalities (over £1bn by 2023/2024);
- Priorities:
 - Smoking, high blood pressure, obesity, and alcohol and drug use;
 - Air pollution and lack of exercise.
- All local health systems will be expected to set out how they will reduce health inequalities;
- More focus on supporting people with learning disabilities and/or autism and ensure more people with mental health problems receive physical health checks;
- More support for carers.

- Clinical Review of Standards – Spring 2019 with implementation from October 2019;
- Continued focus on:
 - Cancer;
 - Cardiovascular disease and stroke;
 - Diabetes;
 - Respiratory disease;
 - Adult mental health, learning disability and autism (including tackling causes of preventable deaths and reducing waits for specialist services);
 - Multi-morbidity and healthy ageing including dementia;
 - Children’s health (including ensuring children and young people have the best start in life).

- Commitment to increase NHS workforce, training and recruitment of staff;
- Thousands more clinical placements for undergraduate nurses, hundreds more medical school places, more routes into the NHS, eg, apprenticeships;
- Growing nursing training, as well as allied health professionals and the medical workforce, supported by a new state-backed GP indemnity scheme;
- Focus on improving culture to make the NHS a better place to work so staff stay in the NHS;
- A new approach to leadership and talent management;
- Encourage opportunities for volunteering, particularly in deprived areas.

- Test 1: The NHS (including providers) will return to financial balance;
- Test 2: The NHS will achieve cash-releasing productivity growth of at least 1.1% per year;
- Test 3: The NHS will reduce the growth in demand for care through better integration and prevention;
- Test 4: The NHS will reduce unjustified variation in performance;
- Test 5: The NHS will make better use of capital investment and its existing assets to drive transformation.

Engaging people – NHS Assembly

- Will be established in in early 2019 bringing together a range of organisations and individuals at regular intervals, to advise the boards of NHS England and NHS Improvement as part of the ‘guiding coalition’ to implement this Long Term Plan;
- The Assembly membership will be drawn from, among others, national clinical, patient and staff organisations; the Voluntary, Community and Social Enterprise sector; the NHS Arm’s Length Bodies; and frontline leaders from ICSs, STPs, Trusts, CCGs and Local Authorities.

■ ■ Influencing the shape of local communities

- Looking beyond healthcare provision, the NHS has a wider role to play in influencing the shape of local communities;
- In spring 2019, *Putting Health into Place* guidelines will be set out for how local communities should plan and design a healthy built environment;
- This will cover approximately 70,000 homes over the next five years. In 2019/20, NHS England will build on this by working with government to develop a Healthy New Towns Standard, including a Healthy Homes Quality Mark to be awarded to places that meet the high standards and principles that promote health and wellbeing;
- Further proposals for social care and health integration - adult social care green paper.



Healthier
Lancashire &
South Cumbria

Find out more on our website

www.healthierlsc.co.uk

Join in the conversation on Twitter
[@HealthierLSC](https://twitter.com/HealthierLSC)