



NHS Long-Term Plan

Overview

Much that is familiar:

- **Priorities from the Five Year Forward View**
- **A focus on prevention...**
- **Synergy with current work in NCL – primary care networks; alternatives to outpatient appointments**

Additional emphasis on:

- **Full coverage of Integrated Care Systems by April 2021**
- **Systems – update STP by Autumn 2019**



New Service Models for 21st Century

Boosting out of hospital care:

- Primary Care Networks aligned with multi-disciplinary teams;
- Community 2-hour rapid response service;
- Re-ablement offered within 2 days of referral;
- Admission avoidance - falls prevention; support to care homes; incentives to primary care networks;
- NHS 111 booking directly into GP practices and refer to community pharmacies;
- Changes to Quality Outcomes Framework to support more personalised care and Quality Improvement;
- Targeted support for unmet physical and mental health needs provided by GP networks;
- Increase identification and support for carers, and people with dementia;
- Portable and digital home monitoring to prevent escalation of need;
- Closer working with voluntary sector;
- Above supported by increased investment in primary care, community services and mental health services;

Reduce pressure on emergency hospital services:

- By 2023 Clinical Assessment Service (CAS) will typically act as single point of access for integrated urgent care and discharge from hospital;
- Fully implement the Urgent Treatment Centre model by autumn 2020;
- Improve the range of support offered by the Ambulance services;
- Type 1 A&E will move to comprehensive model of same day emergency care, provide an acute frailty service;
- NHS Clinical Standards review will develop new ways of looking after patients with most serious illness and injury;
- Continue to improve discharge support.



New Service Models for 21st Century

Increase patient control and personalisation:

- More personalised therapeutic options
- Expand the choice and control people have over their own care
- Roll out personalised care model nationally by 2023/24
- Increase support to help people manage their own health e.g. diabetes prevention, asthma and respiratory, maternity and parenting, online therapy for common mental health issues
- Expand Social prescribing and link workers for this
- Accelerate roll out of personal health budgets
- Personalised end of life care

Digitally enabled primary care and outpatient care:

- Digital options for patients to get advice and care using NHS App
- Digital first to access primary care – by telephone or on line form networks or alternative providers
- Outpatient redesign to reduce face to face by a third in next 5 years and support online booking



Integrated Care Systems and Population Health

By April 2021 all Integrated Care Systems (ICS) will have:

- Partnership board of providers and commissioners;
- Non Exec chair (locally appointed but subject to NHSE approval);
- Clinical and managerial capacity to implement system wide changes;
- Full engagement of primary care including a clinical director for each Primary Care network;
- Greater emphasis by Care Quality Commission (CQC) on partnership working;
- All ICS providers contributing to ICS goals and performance;
- Clinical leadership aligned to ICSs.

Enablers for establishing Integrated Care Systems:

- Commissioner function will be leaner and more strategic;
- NHS Improvement will support mergers of Trusts;
- Funding flows and contract forms (incentives) to support move to Integrated Care Systems;
- New Integrated Care System and accountability framework (integrated regulatory system);
- ICSs will agree system wide objectives with NHS England/Improvement Regional Director;
- Blending and pooling health and social care budget to continue;
- Better Care Fund (BCF) to be reviewed.



Building System Change

Focus on prevention and reducing health inequalities:

- **Evidenced based action on reducing** – Obesity, Smoking, Alcohol, preventing Diabetes, Air Pollution;
- **Improved support for** - People with learning disabilities and autism; Homeless; People with mental illness to find employment; Screening and early diagnosis of cancer

Progress on care quality and outcomes:

- Builds on existing improvements in childbirth, cancer survival, reducing cardiovascular deaths, and lower male suicide rates;
- Building on the priorities set out in the Five Year Forward View for cancer, mental health (adults and children's), diabetes, multi-morbidity and healthy ageing including dementia;
- Focuses on children's health, maternity, cardiovascular and stroke, respiratory conditions, learning disabilities and autism, carers.

Supporting NHS Staff and Workforce

- NHS workforce implementation plan will be published later in 2019;
- Focus on matching workforce to rising demand;
- Increasing the pipeline of training and university places;
- Improving access to, and funding for, clinical placements;
- Expanding international recruitment;
- Incentives for recruitment in hard to reach specialities and geographies;
- Developing flexible employment conditions to improve recruitment and retention (flexible rostering, funds for continuing professional development, support diversity, create new roles and inter-disciplinary credential programmes);
- Development of primary care networks;
- Increasing the number of volunteers.



Building System Change

Digitally enabled care:

- Investment in technology as an enabler for delivery of the NHS Long Term Plan
- Focus on digital access to services;
- Self-care by patients and carers;
- Interoperability (access integrated health and care records);
- Access to decision support tools;
- Use of Artificial Intelligence;
- Use of predictive techniques to plan and optimise care in integrated care systems;
- Use of secure linked clinical, genomic and other data to support medical breakthroughs and consistent quality of care;
- Reducing face to face outpatients appointments.

Value for money:

- Five year funding settlement from 2019/20 with average real-term annual funding increase of 3.4% to account for the current NHS financial pressures;
- Support the phased commitments in the plan to address ageing population and unmet need;
- Funding uplift assumes the ability to invest in mental health and primary/community services at an increased rate;
- Funding assumes will maintain recent investment trends in hospital services, but plan expects a reduction in hospital demand on implementation;
- Delivery supported by changes to NHS financial architecture, payment systems and incentives. References reduction in admin costs – the 20% reduction in management costs, and annual 1.1% efficiency requirement.



Next Steps

Next steps are:

- Publication of clinical standards review and implementation framework for the plan in Spring 2019;
- Establishing NHS Assembly in early 2019 to strengthen engagement on implementing the plan;
- Refresh of local systems plans by Autumn 2019 to support development of national implementation programme;
- Plan can be implemented without changes to primary legislation, but changes would support speed of delivery and being recommended;
- Current legal framework allows creation of integrated care systems (ICS) by April 2021, working with local authorities at “place” level. ICS remove barriers referenced in Five Year Forward View – primary and specialist, physical and mental health, and health and social care;
- Green paper on Adult Social Care.



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For reference

NHS Long Term Plan – Key Deliverables

Clinical Priorities

Area	Goal	Timeframe
Cancer	Extend screening and overhaul diagnostic services with the aim of diagnosing 75% of cancers at stages I or II	2028
	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.	In 2020
Cardiovascular disease; Stroke; Respiratory disease, Diabetes; Dementia	Prevent up to 150,000 cases of heart attack, stroke and dementia	2028 (10 years)
Maternity and Neonatal Health	Halve still births, maternal mortality, neonatal mortality and serious brain injury in new-born babies by improving: continuity of care, bed capacity of neo-natal care, mental health support to pregnant women and new mothers	2025
Children and Young People's (CYP) health	Commitment to improve outcomes for children with cancer, increase support for children and young people with learning disabilities and autism, and improve CYP mental health	

Primary and Community Care

Area	Goal	Timeframe
Primary Care Networks	From 2020/21 GP networks will assess the needs of their local population to identify people who would benefit from targeted, proactive support (typically 30 – 50K population)	From 2020/21
	<ul style="list-style-type: none"> • Network contracts will be introduced alongside existing contracts to include a single fund through which network resources will flow • Shared savings scheme is proposed, under which networks will benefit financially from reductions in accident and emergency (A&E) attendances and hospital admissions. 	
	The existing incentive scheme for GPs (Quality Outcomes Framework) – will also see 'significant changes' to encourage more personalised care	
Digital	All patients will have the right to access GP consultations via telephone or online within five years.	2023 (Over 5 years)
Care Homes	Networks to roll out Enhanced Care in Care Homes approach (ECCH). All care homes, residents and staff, should be supported by teams of health care professionals (including named GPs)	By 2023/24
MDTs	As part of Integrated Community based healthcare all areas will have MDTs that include GPs, Pharmacists, District Nurses and allied health professionals working across primary care and hospital sites – a specific commitment to increase capacity in MDTs so that crisis response services can meet response times set out in NICE guidelines	2023 (Over next 5 years)
Social Prescribing	More than 1,000 trained link workers in place to support social prescribing by 2020/21	By end of 2020/21



Mental Health and Learning Disabilities

Area	Goal	Timeframe
Mental Health	As part of wider increase in spend on mental health - Create a single point of access for crisis support for adults and children - offering 24/7 support with appropriate responses across NHS 111, ambulance and A&E services.	By 2023/24
	Redesign core community mental health services, reinforcing components such as psychological therapies, physical health care and employment support, as well as introducing personalised care and restoring substance misuse support.	By 2023/24
	Create a comprehensive offer for children and young people, from birth to age 25, with a view to: providing mental health support teams in schools, tackling problems with transitions of care.	
	New waiting time standards for emergency mental health New waiting time standard for children and young people's mental health and Adult community mental health	2020 Over next 10 years
Learning Disabilities	Inpatient provision for people with learning difficulties or autism will have reduced to less than half of the 2015 level in the next 5 years by improving: access to support for children and young people with a diagnosis of autism, investment in intensive, crisis and forensic community support.	By 2023/24

Acute Services

Area	Goal	Timeframe
Urgent and Emergency Care	AS part of the plans to reduce pressure on A&E departments – continued roll out of urgent treatment centres (UTCs) across the country led by GPs, simple diagnostics and bookable appointments via 111	By 2020
	Introduce a multidisciplinary clinical assessment service (CAS) as part of the NHS 111 offering advice to patients and community staff	In 2019/20
Same Day Emergency Care	Plan estimates that up to one-third of all people admitted to hospital in an emergency could be discharged on the same day and to support this all major A&E depts. will introduce a same day emergency care service SDEC (also known as ambulatory emergency care) to provide same day diagnostics and treatments with fast discharge	
Outpatients	Avert up to a third of face-to-face consultations through a fundamental redesign of outpatients including use of technology aims to free up time and resources and improve patient experience	2023 (over next 5 yrs)
Discharge	Cut the average number of daily delayed transfers of care (DTOC beds) to around 4,000 and maintain that level over the next two years (DTOC beds averaged 4,580 in November 2018).	
Provider fines for extended waits	Reintroduction of fines for providers and commissioners where patients wait 12 months or more	
Trust reconfigurations	Hospitals will be encouraged to split their sites into hot and cold sites (for emergency and planned work respectively) and supported to collaborate. Consolidation of spec stroke services	



Finance and Productivity

Goal	Timeframe
Return the provider sector to balance – supported by an accelerated turnaround process worst performing (financially) 30 trusts and a financial recovery fund	By 2020/21
Return all NHS organisations to balance	By 2023/24
Shift away from activity-based payments to population-based payments.	
Changes to the Market Forces Factor MFF – an adjustment made to tariffs to reflect the differential costs of providing services in different areas	By 2023/24
Commissioning allocations to support resource going to primary, community and mental health as well as tackling health inequalities	
1.1% productivity growth per annum to be achieved through continued focus on: e-rostering, centralised procurement, e-prescribing, stopping low value treatments, improving access to information	2023/24
Savings in administrative costing over 5 years worth £700 million – commissioners £290m and providers £400m	By 2023/24

Digital

Goal	Timeframe
<p>People will be able to use the NHS app to access their care plan and communications from health professionals</p> <p>By end of plan patients will increasingly be monitored remotely at home and supported in community by technology solutions and outpatients reorganise using technology</p>	By 2020/21
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.	From 2024
All secondary care providers become 'fully digitised' – e.g. digital records	By 2024
NHS organisations will be required to have a chief clinical information officer or chief information officer at board level	By 2021/22

Leadership and Workforce

Goal	Timeframe
Workforce Implementation Plan to be published by the end of 2019	2019
As part of the Workforce Race Equality Standard, every NHS organisation will set a target for black, Asian and minority ethnic (BAME) representation across its leadership team and workforce and increase CPD	By 2021/22
Reduce the nursing vacancy rate from 11.6 per cent to 5 per cent increasing undergraduates, clinical placement, access into nursing, recruitment internationally	By 2028 By 2023/24 (5 yrs)
<p>Increase medical school places from 6,000 to 7,500 a year</p> <p>Increase the number of other roles supporting GPs including volunteers in NHS generally</p>	tbc



Role of Patients and Carers

Goal	Timeframe
<p>As part of a 'fundamental' shift in the way clinicians work alongside and with patients towards a shared responsibility:</p> <ul style="list-style-type: none"> • Roll out the NHS comprehensive model of personalised care, so that it reaches 2.5 million people in 5 years • Training for staff on how to work with patients for shared decision making about their treatment • Increasing opportunities and support for self care e.g. diabetes prevention • Referrals to social prescribing to increase 	By 2023/24
Personal health budgets accelerated to be provided for up to 200,000 people in the next 5 years	By 2023/24
Roll out of national carer's passport, as well as better identification and support by GPs (including young carers)	

Integrated Care and Population Health

Goal	Timeframe
<p>Integrated care and place based systems will be consolidated in the establishment of ICSs in each STP area Increasingly focused on population health</p>	By April 2021
<p>As part of the system of STP area control totals in 2019/20 STPs , ICS's will be given:</p> <ul style="list-style-type: none"> • Flexibility to agree neutral changes to control totals for individual organisations across the system. • Reforms will give ICSs opportunity to earn financial autonomy following a performance and finance test • Bringing together of health and social care budgets are encouraged to support integrated working 	
<p>Accountability and performance framework for ICSs to be introduced Duty to collaborate for providers and commissioners to be introduced</p>	



Prevention

Goal	Timeframe
The provision of alcohol care teams in a quarter of hospitals with the highest rate of alcohol dependence-related admissions.	By 2023/24
NHS-funded tobacco treatment services will be offered to all smokers admitted to hospital	By 2023/24
Double the number of places on the Diabetes Prevention Programme and plans to include programmes for specific diseases and conditions	2023 (over the next 5 years)
NHS to make a contribution to reducing air pollution by reducing mileage and emissions by 20%	2023/24

Health Inequalities

Goal	Timeframe
Greater continuity of midwife care for black, Asian and minority ethnic women and women from deprived groups	
An increase in physical health checks for people with severe mental health	
Specific measurable goals will be set nationally to support work on health inequalities	
Specific funding to support rough sleepers and ensuring better access to specialist mental health support	