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Portsmouth CITY COUNCIL

Title of meeting:	Health and Wellbeing Board
Subject:	Health and Care Portsmouth: The NHS Long Term Plan
Date of meeting:	13th February 2018
Report by:	Chief Officer for Health and Care Portsmouth
Wards affected:	All

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1. Requested by: Joint Chairs, Health and Wellbeing Board

2. Purpose

2.1 To enable a discussion on the implications of the NHS Long Term Plan for Portsmouth.

3. Introduction

3.1 The NHS released its 'Long Term Plan' on the 7th January setting out a comprehensive range of ambitions and aims for NHS care over the coming years. The 136-page Plan places emphasis on prevention of ill health, health inequalities and reducing unwarranted variation in clinical outcomes across key health issues such as cancer, stroke and mental health. In doing so the Plan focuses on the importance of having strong, good quality community-based health & care services for local residents, including increased use of technology as a way of integrating our offer and supporting front-line staff.

3.2 The Plan has been summarised in numerous ways by differing national organisations and a particularly accessible version of this is given at page 3.

4. The Long Term Plan and Health & Care Portsmouth

4.1 It is particularly encouraging to note the strong emphasis in the Long Term Plan on primary and community health & care. Our Health & Care Portsmouth blueprint and programme of work has been established on these principles for the past few years and we have collectively delivered on many of the elements described in the Long Term Plan including:

- An established Portsmouth GP Alliance, delivering services on behalf of the network of GP practices in the City
- Co-located community NHS and Local Authority social care (adults and children) with a current plan to further their integration

- Integrated NHS community and Local Authority services – children & families, mental health, intermediate care (reablement), learning disabilities, substance misuse
- Single IT system for care records: all GP practices, NHS community provider and, by April, Adult Social Care
- Single Portsmouth approach to managing the interface with acute services, particularly around discharge
- Integrated planning, commissioning and provision arrangements between CCG and LA; the Health & Care Portsmouth Operating Model in train to integrate further
- Long term conditions hub pilot site in 2019

4.2 The alignment between our local Health & Care Portsmouth intentions and the NHS Long Term Plan is extremely strong, with our local plan benefitting from inclusion and increasing clarity about plans for adult social care, children & families and public health.

The NHS Long Term Plan
Snapshot view

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Improving quality and outcomes

- Specific **waiting time targets** and **access standards** for emergency **mental health** services will be introduced from 2020, including children and young people's
- Greater emphasis will be placed by the CQC on **system-wide quality**
- New **Rapid Diagnostic Centres** for cancer from 2019

Prevention

- Funding for specific **new evidence-based prevention programmes**, including to cut smoking; reduce obesity and avoid Type 2 diabetes; limit alcohol-related A&E admissions; and lower air pollution
- Local health systems to **reduce inequalities** over the next decade

New service models

- Introduction of new primary care **network contracts** to extend the scope of primary and community services
- **2.5m people** will benefit from social prescribing, a personal health budget, and support for managing their own health
- A **Same Day Emergency Care** model across all acute hospitals, increasing the proportion of same day discharge from a fifth to a third
- A new **clinical assessment service** will be set up as the single point of access for patients, carers and health professionals
- Reforms to diagnostic services including investment in **CT and MRI** scanners

Digital care

- People will be able to switch from their existing GP to a **digital first provider**
- Everyone in England will have access to a **digital first primary care offer** e.g. online or video consultations by 2022/23
- Expansion of online consultations in secondary care to avoid **a third of all outpatient appointments** within five years
- All trusts must move to **full digitisation** by 2024
- By 2021/22, all ICSs to have a **chief clinical information officer** and a **CIO**
- Introduction of a new **digital front door**

Improving health and care
Building the foundation

Workforce

- Potential introduction of formal **regulation of senior NHS managers**
- Introduction of a **NHS leadership code** which will set out the cultural values and leadership behaviours of the NHS
- More doctors will be encouraged to train as **generalists**
- **Flexible rostering** will become **mandatory** across all trusts
- New **entry routes** supported: apprenticeships; nursing associates; online qualification; and 'earn and learn' support
- **£2.3m** investment to double volunteers

Finance

- **3.4%** funding growth over next **five years**
- Increasing funding for **primary and community care** by **£4.5b** and **mental health care** of **£2.3b** more a year
- Worst financially performing NHS trusts will be subject to a NHS Improvement-led **accelerated turnaround process**
- **Finance Recovery Fund** to be set up, accessible to trusts with identified financial risks
- NHS expected to save **£700m** from admin costs in the next **five years** – (£290m commissioners and £400m from providers)

Structure

- England covered by **integrated care systems (ICS)** in **two years** – involving a **single CCG** for **each ICS**
- ICSs supported by **legal shared duties** and ability to **create joint committees** between CCGs and providers
- **Legislative change requested** to free commissioners from procurement rules and remove the role of the Competition and Markets Authority in NHS merger and acquisitions
- Exploration of opportunities to fund **public health services** through the NHS budget
- NHS England and NHS Improvement empowered to establish **joint committees**

5. What does the Plan say about how the health & care sector will work together in the future?

5.1 Whilst the Plan correctly focuses on the improvement intentions for the health & care people experience on a daily basis, it also outlines intentions for the commissioning, planning and service transformation functions that will be required in order to implement the Plan. Much is said about new 'Integrated Care Systems' and they are referred to throughout the Plan as being an integral way of current health & care organisations working together to deliver. There is little detail about the exact nature and configuration of an ICS, the Plan only stating that ICSs will 'grow out of' the current 44 Sustainability & Transformation Programmes that cover England.

5.2 However, the Plan does assign to ICSs a number of responsibilities; these are distributed across the whole Plan. Taking these various references together builds up a more detailed picture of expectations and direction for ICSs.

6. Moving the NHS to Integrated Care Systems

6.1 The intent is that, by April 2021, ICSs will cover the whole country - growing out of the existing network of STPs (currently 44 in England). Portsmouth currently sits within the Hampshire & Isle of Wight STP geography.

6.2 Through ICSs commissioners will make shared decisions with providers on resource use, service design and population health. A core responsibility of ICSs will be to reduce unwarranted variation - bringing together clinicians and managers to implement standardised care pathways.

6.3 There will be a limited number of decisions that commissioners will need to continue to make independently - namely procurement and contract award – in order to manage actual and perceived conflicts of interest as well as remain within the law. Every ICS is expected to have a 'streamlined' set of commissioning arrangements to enable a single set of commissioning decisions at this system level. The Plan assumes that, typically, an ICS will involve a single CCG for its area.

6.4 CCGs are expected to become 'leaner, more strategic organisations that support providers to partner with local government/community organisations for population health, service redesign and Plan implementation'.

6.5 Each ICS will have:

- A Partnership Board – with representatives from commissioners, trusts, primary care networks + Local Authorities and voluntary/community sector
- A Non-Executive Chair - locally appointed but with approval from NHS England and Improvement
- Arrangements to involve Non-Executive Directors of Boards/Governing Bodies
- Clinical and management capacity drawn from across its partners

- Engagement with primary care through a named accountable Clinical Director of each primary care network
- CQC involvement in its regulatory capacity to hold providers to account on service improvement
- All providers within an ICS will be expected to contribute to the ICS's goals and performance - formalised through (a) new licence conditions around use of NHS resource and population health and (b) longer term contracts with NHS providers with the inclusion of a duty to collaborate
- Clinical leadership to create accountability - Cancer Alliances, Clinical Senates and other clinical advisory bodies to be made co-terminus with one (or more) ICS

7. Integration and Working with Local Government

7.1 There are a significant number of references to integrated working between the NHS and local government throughout the Plan. Perhaps the most important intention is the commitment to 'continue to support local approaches to blending health and social care budgets where councils and CCGs agree this makes sense.'
It sets out four models that have, in their assessment, been show to work individually or in combination and, by implication, would thus gain central support as part of the delivery of the Plan:

- voluntary budget pooling between a council and CCG for some or all of their responsibilities;
- individual service user budget pooling through personal health and social care budgets;
- the Salford model where the local authority has asked the NHS to oversee a pooled budget for all adult health and care services with a joint commissioning team; or
- the model where the CCG and local authority ask the chief executive of NHS England to designate the council chief executive or director of adult social care as the CCG accountable officer.

7.2 With respect to working arrangements between local government and the ICS, the Plan is less definitive about these, possibly in recognition of the variety of current NHS/Local Authority arrangements in play.

7.3 It does however state that the ICS will work with Local Authorities at 'place' level (no definition of 'place' is offered) and that 'ICSs and Health & Wellbeing Boards will also work closely together'. Local Authorities are also to be on the ICS Partnership Board.

8. Social Care

8.1 The NHS funding settlement outlined in the Plan assumes the government commitment to ensure **adult** social care funding is at a level that does not impose additional pressure on the NHS. There is no apparent reference to children's social care. Further proposals for social care and health integration are promised in the social care green paper which is described as 'forthcoming'.

9. Better Care Fund (BCF)

9.1 This joint CCG/Local Authority fund is to be reviewed in early 2019 to ensure it meets its goals. For 19/20 the BCF will be expected to focus on improving availability of care packages and reducing Delayed Transfers of Care (from hospital back to the community). The Plan notes there is a concern that BCF arrangements are overly complex and/or being used to replace core council funding.

10. Prevention and Health Inequalities

10.1 National priorities for prevention will be smoking, poor diet, high blood pressure, obesity, alcohol/drug use, air pollution and lack of exercise. The new ICSs will help deliver these programmes utilising population health management approaches.

10.2 ICSs will work with local government and voluntary sector partners on the broad prevention agenda and to reduce health inequalities, supported by primary care networks. Innovation (through partnering with local charities, social enterprises and community interest companies) will be supported by ICSs

10.3 Learning Disability and Autism: STPs and ICSs will be expected to make sure all local healthcare providers are making reasonable adjustments to support people with learning disabilities and autism – including progress on implementing new national learning disability improvement standards.

10.4 Cancer: Cancer Alliances will be aligned to STP and ICS footprints and NHS England and NHS Improvement regions.

10.5 Stroke Care: Integrated Stroke Delivery Networks (ISDNs) will support STPs and ICSs to reconfigure stroke services into specialist centres, improve the use of thrombolysis and further roll out mechanical thrombectomy

10.6 Public Health Functions: The Plan signals an intent to consider whether there is 'stronger role for the NHS in the commissioning of sexual health services, health visitors and school nurses, and what best future commissioning arrangements might therefore be'.

11. What Does the Plan say about Health Providers?

11.1 Community NHS services will be configured on the same basis as new 'primary care network' footprints and there is an ambition to establish multi-disciplinary health teams comprising of GPs, pharmacists, district nurses, community geriatricians, dementia workers and Allied Health professionals operating within the same footprints. Social care and the voluntary sector will be expected to join these

arrangements. The intent is thus to create 'for the first time since the NHS was set up in 1948 … fully integrated community-based health care'.

12. Primary Care Networks

12.1 Throughout the Plan reference is made to the importance of new 'primary care networks' in the delivering of health & care at the front-line. These are described as networks 'based on neighbouring GP practices that work together typically covering 30-50,000 people'. Proposed contract changes, not yet detailed, will allow GP practices in a local area to enter into a 'network contract' which is an extension to their current contract. Funds will be designated to 'flow' through these new network contracts and the Plan indicates an expectation that current contracts between CCGs and GP practices for enhanced services will be added the new network contracts.

12.2 Drawing from references across the whole Plan, primary care networks will be expected to:

- Ensure stronger links with local care homes
- Assess local population by risk of unwarranted health outcomes and work with local community services to address these
- Work as part of an integrated care team to help people maintain their independence
- Have falls prevention schemes
- Support carers, incentivised by the introduction of quality markers for best practice in carer identification and support
- Work alongside or as part of the Urgent Treatment Centre model that will be rolled out by 2020
- Contribute to continuing improvements in getting people home from hospital without unnecessary delay (reducing Delayed Transfers of Care)
- Have Link Workers to support delivery of social prescribing and connect people to local groups and support services
- Deliver a 'digital first' approach to increase access for patients to primary care services, contracting with pre-selected range of digital suppliers to implement solutions
- Be part of new Integrated Care Provider contractual arrangements, enabling primary care networks to integrate primary care services with other services
- Be a member of the ICS Partnership Board through a named accountable Clinical Director for each primary care network
- Work with local government and voluntary sector partners on the broader prevention and health inequalities agenda
- Improve early diagnosis of cancer for patients in their own neighbourhoods
- Case find and treat people with high-risk health conditions
- Better support people with heart failure and heart valve disease as part of local community integrated care arrangements
- Support the diagnosis of respiratory conditions
- Include pharmacists who will undertake medications reviews for respiratory conditions and educate patients on correct use of inhalers

- Be part of an integrated primary and community mental health care offer for adults and older adults with severe mental illnesses
- Expand the number of physiotherapists working in primary care networks to increase access for people with musculo-skeletal conditions
- (Possibly) be part of offering guaranteed placements for a new online nursing degree
- Utilise their funding to expand the number of clinical pharmacists
- Attract and fund additional staff to form part of the wider community integrated multi-disciplinary team

12.3 There are also a number of separate and additional requirements for primary care (services offered through individual GP practices) set out across the whole Plan.

13. Integrated Care Providers (ICPs)

13.1 The Plan sets out an intent to integrate community based health services, including primary care networks, forming Integrated Care Providers. The Plan does not give any direction on how the ICP should be constituted though it does suggest an option of giving one lead provider responsibility for integration of services for a population.

13.2 In order to support this, a new Integrated Care Provider (ICP) contract is to be available from spring 2019 - which will allow for primary medical services integration with other services. An ICP contract will be held by 'public statutory providers'.

13.3 As the regulator of the NHS provider sector, NHS Improvement (NHSI) will proactively support NHS trusts that want to explore mergers - with some trusts being accredited as 'group leaders' and a fast track approach to assessing merger proposals to be introduced. In addition, ICSs and NHS England will ‘support organisations to take on greater collaborative responsibility’.

14. NHS Funding Flows, Contracts and Planning

14.1 NHS funding flows and contract reform will support the move towards ICSs. ‘ICSs will become the level of the system where commissioners and providers make shared decisions about financial planning and prioritisation' Further financial reforms will be made beyond 19/20 to support ICSs to deliver integrated care.

14.2 NHS financial control totals in 19/20 will be rebased to be financially neutral at a national level. ICS’s are to have greater flexibility to agree financially neutral changes in control totals in their systems.

14.3 A new Financial Recovery Fund will be available at a national level - only accessible by NHS trusts where ‘deficit control totals indicate a risk to financial sustainability & continuity of services’ and where the trust has a financial recovery plan in place/signed off by NHSI & E that includes an additional efficiency of at least 0.5% per annum over and above sector min of 1%. Recovery plans are to include any agreed responsibilities within the ICS.

14.4 Efficiencies in NHS administrative costs (providers and commissioners) are required to save £700m+ by 23/24 – with £290m coming from commissioners and £400m+ from providers. The Plan's intent is to ensure an increasing share of the NHS budget invested in front-line services. There is an expectation that a proportion of these efficiencies will be achieved by simplifying contracting processes alongside reforms to the NHS payment system. There is also a requirement for CCGs and NHS providers to reduce transactional costs.

14.5 Local health systems will receive 5yr financial indicative allocations for 19/20 to 23/24. 19/20 will be a transitional year with every NHS trust, foundation trust and CCG expected to agree a single year organizational operational plan and contribute to a single year 'local health system-level plan'.

15. NHS England and Improvement

15.1 A new NHS England and NHS Improvement operating model will be implemented with shared regional teams accountable for managing local systems and providers. Regional NHS structures will play a key role in locally devolved initiatives and ensuring local systems are getting best value from resources.

16. Possible Legislative Change

16.1 The Plan acknowledges that its requirements of the NHS can be achieved within the current statutory and legislative framework. However it highlights that legislative change would support more rapid progress and it sets out a list of potential legislative changes for Parliament's consideration:

- CCG and NHS providers to have reciprocal new duties to promote the 'triple aim' of: better health for everyone, better care for patients and sustainability – support organisations to work in tandem + strengthen accountability
- Remove impediments to 'place-based commissioning': lifting restrictions on CCG/NHS England collaboration + allow NHS England to incorporate Section 7A public health functions within its core Mandate functions
- Support ICSs by letting CCGs and trusts exercise functions + make decisions jointly – less expensive than creating an additional tier of bureaucracy. NHS foundation trusts given the power to create joint committees with others. Creation of a joint commissioning committee within each ICS. Procurement decisions reserved however to commissioner only.
- Support creation of NHS integrated care trusts – new Integrated Care Providers to deliver primary care and community services under a single contract. Facilitates organizational mergers to achieve integrated provision.
- Remove the Competition and Market's Authority duties to intervene in NHS provider mergers + its powers in relation to NHS pricing/provider license conditions. Dispense with Monitor's 2012 Act competition role.

- Repeal specific procurement requirements in Health & Social Care Act 2012 to free up NHS commissioners to decide best circumstances to use procurement + free NHS from the wholesale inclusion in the Public Contract Regulations
- Increase flexibility in NHS pricing regime – to move away from activity tariff based approaches and make it easier to commission Section 7A public health services as part of a bundle of other services
- Make it easier for NHS E and NHS I to work together – free to establish joint committees to exercise their functions and streamline Exec and Non Exec functions

17. Conclusions

17.1 The NHS Long Term Plan sets out a wide range of priorities for the NHS over the next few years; our current Health & Care Portsmouth arrangements and priorities map extremely closely to this national strategic direction. Health & Care Portsmouth incorporates well established NHS/Local Authority integrated services and functions and, in this respect, positions the City extremely positively to deliver the NHS Long Term Plan.

17.2 The Long Term Plan sets out a broad direction for NHS future configuration. A risk to achievement of Health & Care Portsmouth aims may thus be the unintended consequences of larger NHS reforms that do not place local arrangements at its heart or do not have the flexibility to progress the joint work required between the NHS and local government to achieve the Plan.