Ashford and St. Peter's Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS
6th March 2019

TITLE	**NHS Long Term Plan**
EXECUTIVE SUMMARY	The paper is intended to provide an overview of the Long Term Plan, in order to inform and assure the Council regarding the degree of alignment with the Trust's own Strategy. Also highlighted are the areas which will require a more detailed review to understand the implications for the Trust including future risks and opportunities. A summary of the Long Term Plan is presented by chapter, highlighting where there is significant alignment with the Trust Strategy, such as around new models of care, improving clinical outcomes, digitally enabling care provision and empowering the population to self-care. The next steps in terms of national, local and Trust implementation of the Long Term Plan are also outlined.
The Council is asked to:	Note the report and the ongoing work around implementing the plan at ICP and Trust level.
Submitted by:	Suzanne Rankin, Chief Executive
Date:	27th February 2019
Decision:	To note

Ashford and St. Peter's Hospitals
NHS Foundation Trust

Paper 7.3

Long Term Plan

Suzanne Rankin – Council of Governors

6th March 2019

Overview:

- The plan sets out ambitions for ensuring the NHS is Fit for the Future, building on Five year forward view, it covers a ten year period and follows the announcement of £20.5bn annual real terms uplift for the NHS by 23/24
- Key principles:
    - New service model
    - Action on prevention and health inequalities
    - Improvements in care quality and outcomes
    - Digitally enabled care
    - Value for money
- Primary and community services will receive a major boost in funding as part of a drive towards integrated care and population health
- Significant focus on a range of clinical priorities. These include children and young people (itself made up of five further sub-areas), cancer, cardiovascular disease, stroke, diabetes, respiratory disease and mental health. In most cases these priority areas have a set of individual milestones for delivery.
- Workforce is acknowledged as the key risk
- Digital is very much in the spotlight, with increased use of technology underpinning many of the plan's most ambitious patient-facing targets.

Chapter 1: A new service model for the 21st century

Major investment in primary medical and community services to realise a series of improvements in the following five key areas:

- **Improving out-of-hospital care** (primary and community services) measures include: enhanced community crisis response, expansion of primary care networks to include community MDTs, preventative measures to reduce hospital admissions
- **Reducing pressure on emergency hospital services** - importantly, financial assumptions underpinning the plan allow for hospital capacity to follow existing trend for next three years.
- **Enhanced out of hospital urgent care** and reduction in delayed discharges through enhanced primary and community services
- **Delivering person-centred care** - support and training for staff in empowering patients to manage own health
- **Digitally enabled primary and outpatient care** (see Chapter 5)
- **A focus on population health and local partnerships through the mechanism of ICSs** - rapid development of ICSs – working at Local Authority level. Integrated governance and performance with all providers contributing to overall ICS performance

Changes in legislation are required to accelerate the process as current legislative framework may prevent significant progress, at pace, of development of ICS accountability and performance frameworks. However, it is expected progress is made despite a lack of legislative change.

Chapter 2: More NHS action on prevention and health inequalities

The plan sets out priorities to address the top five causes of premature death in England:

- **Smoking** – includes enhanced & expanded tobacco treatment services and support
- **Obesity** – includes expanding existing diabetes prevention programme – range of measures
- **Alcohol** – Alcohol Care teams, collaborative working with local authorities
- **Air pollution** – includes increasing numbers of low emission NHS vehicles and green energy sources
- **Anti-microbial resistance** – continued support for system wide improvement, surveillance, infection prevention and control and anti-microbial stewardship.

The plan seeks to tackle health inequalities, in turn moderating growth in demand for healthcare, and relieving pressure on other essential public services. Supported by:

- Higher share of funding towards geographies with high health inequalities
- Measurable goals for narrowing health inequalities

Some key areas of focus:

- Learning disabilities and autism support and increased proactive community care
- £30m investment to meet needs of rough sleepers including mental health support for the homeless
- Ensuring support for unpaid carers who are twice as likely to experience poor health
- Specialist clinics for those with gambling problems

Comment: The new suggested prevention initiatives focus on specific diseases and behaviours and do not recognise that health conditions (multi-morbidities) and unhealthy behaviours are closely linked with health inequalities and wider determinants.

Chapter 3: Further progress on care quality and outcomes

- **Strong start in life for children and young people:**
  - Aim of 50% reductions in still birth, maternal & neonatal mortality and serious brain injury by 2025
  - Continuity of antenatal and post natal care along with expanded mental health care provision
  - Increased support for children and young people's mental health services, learning disabilities and autism: overseen by a children & young people's transformation programme
  - Improvements in children's cancer survival rates: includes networked care, simplified pathways, new technologies and expansion of genomic testing
- **Aim of measurable improvements in health outcomes across:**
  - **Cancer:** aim is to boost survival rates by speeding up diagnosis: improved screening and diagnostics & new waiting time standard, diffusion of proven new treatment techniques & technology - standardisation
  - **Cardiovascular disease**: focus on prevention & early detection, networked prevention measures
  - **Heart attack**: MDT care via primary care networks, improved response in community , enhanced rehabilitation
  - **Respiratory disease**: improve earlier detection/diagnosis, focus on improving management of respiratory conditions and rehabilitation
  - **Stroke**: building capacity and capability across entire workforce to deliver highly specialized stroke care and rehabilitation services to more of the population
  - **Diabetes**: focus on prevention and technology to support enhanced self-care
  - **Adult mental health**: Radical redesign of core community and inpatient mental health services
- **Short waits for planned care**
- **Research and innovation to drive future outcomes improvement**

Chapter 4: NHS staff will get the backing they need

- LT plan acknowledges the key role of staff in the NHS and the role that employers play in ensuring staff can deliver care to patients. Recognises major pressures on the NHS at present and argues that the NHS needs to change the way staff work to meet changing demands.
- The key objective of the workforce elements of the plan is to "ensure the NHS has the right number of staff with right skills and experience" to deliver the overall objectives of the plan.
  - more staff
  - working in rewarding jobs
  - in a more supportive culture
  - action to address imbalance between supply and demand in key areas
  - change NHS roles to reflect future needs and priorities.
- An overall NHS workforce implementation plan will be developed led by *Workforce Implementation Group* led by NHSI.
- High level principles include:
  - Additional clinical placements for nurses
  - New international arrangements to support recruitment of overseas nurses
  - Rapid development of technology to free up staff time
  - Scaling up of volunteer workforce
  - New approach to leadership: Leadership code

The funding and timescales are currently lacking. Additional investment in workforce, training, education and CPD will be set out in more detail in a workforce implementation plan.

Chapter 5: Digitally-enabled care will go mainstream across the NHS

The plan commits to:

- The NHS will be “digital first” in ten year’s time and every patient will have access to a ‘digital first’ primary care provider by 2023/24 .
- 33% Reduction in face to face Outpatients: There will be a push towards more non face-to-face or ‘virtual’ outpatient appointments through telemedicine methods
- Improving patient experience by empowering patients and carers via:
  - The NHS App - focus on improving interoperability and increasing the uptake of mobile monitoring devices.
  - Personal health records will become more advanced and accessible
- Use of decision support and artificial intelligence (AI) to help clinicians in applying best practice, eliminate unwarranted variation across the whole care pathways – Topol Review
- Supporting the NHS workforce: new digital technology will also support staff working in trusts.
- Quality clinical care: the NHS is required to rethink the way patients interact with services.
- Accelerated roll out of electronic patient records, improving IT hosting, storage and networks, and building resilient cyber security.
- Population health: NHSE will deploy population management solution to ICSs during 2019. This work will also involve the increased use of de-personalised data taken from local records.

Chapter 6: Taxpayers' investment will be used to maximum effect

The plan sets out the following five tests:

- ***The NHS will return to financial balance***: revised timetable states this should happen by 2020/21, NHSI to introduce an 'accelerated turnaround process' for 30 worst financially performing Trusts and a Financial Recovery Fund (FRF) will be created to enable services to become sustainable; this will spell end for control totals and PSF funding
- The NHS will achieve cash-releasing productivity growth of at least 1.1% a year with all savings reinvested in front line care
- The NHS will reduce the growth in demand for care through better integration and prevention
- The NHS will reduce variation across the health system, improving providers' financial and operational performance
- The NHS will make better use of capital investment and its existing assets to drive transformation

The capital settlement for the plan period will be set out this year's Spending Review

Some of the suggested ways of improving efficiency and reducing waste include: standardised procurement at scale, developing pathology and imaging networks, improved value from medicines spend, reducing administration costs, streamlining land and buildings use to enable disposal of surplus assets, improving patient safety and continuing to tackle fraud.

Chapter 7: Next steps

- 2019/20 positioned as a transition year
- Local health system receiving 5 year indicative funding allocation
- Clinical Standards Review and national implementation framework to be published in spring – implementation October
- NHS Assembly being established in early 2019 – membership to comprise stakeholders, NHS arms length bodies, front line NHS and local authorities; will advise the boards of NHSE & NHSI and oversee progress
- Spending review (expected in autumn) will set out capital, education and training, as well as public health and adult social care funding

Enablers:

- National operating model – shared operating model NHSE & NHSI: shift from regulation & performance management to support, improvement and transformation
- Approach to local systems: balancing national direction with local autonomy – ambition for ICSs to cover England by 2021
- Legislation – CCGs and providers shared new duties, ‘ place based’ commissioning – integration of public health functions
- Allowing Trusts and CCGs to exercise functions and make decisions jointly
- Creation of integrated care Trusts
- Removal of CMA duties to intervene in NHS mergers
- Establishing joint NHSE/NHSI committee and subcommittees and streamline of Executive and non-executive functions

ASPH Analysis and next steps:

Long term Plan Chapter	Degree of alignment	Risks & opportunities
1. A new service model for the 21st century	Overall the Trust's Strategy aligns closely with the ambitions set out in the LTP	Some work around community provision of care has already happened: i.e falls response team
2. More NHS action on prevention and health inequalities	Our Strategy supports the aims and ambitions set out but to achieve this requires whole system working	Executive Director membership/leadership in a number of system/partnership meetings and programmes: An opportunity exists to build on this participation to help shape the future of services at a local level and to further strengthen and develop partnership working i.e through new A&E build/new models of care
3. Further progress on care quality and outcomes	Clear synergy with our own thinking although unclear impact on Trust services at this stage	Radical changes suggested regarding cancer, cardiovascular disease (CVD) & diabetes pathways: need to understand in more detail the implications of proposed changes
4. NHS staff will get the backing they need	Limited detail is of concern given this is acknowledged as the key risk to the NHS nationally as well as to ASPH	Key risk to delivery of the whole LTP will be dependent upon having capacity and capability within the workforce. Spending review awaited.
5. Digitally-enabled care will go mainstream across the NHS	Significant degree of alignment between Strategy and LTP.	Trust ambition is to leverage health technologies: Digital, Artificial Intelligence, Robotics, Genomics, to improve health outcomes and prevent disease and transform service delivery
6. Taxpayers' investment will be used to maximum effect	Strategy supports this but success is again largely contingent on system working	Full participation in the devolved system and engaging at both Executive Director and Non-Executive Director level.

Actions:

- Initial high level overview and analysis at Strategic Change Committee on 31st January 2019
- Each Board sub-committees will now consider the implications of the LTP in detail to inform a further discussion and the basis of a future scenario planning session at the Board Away Day in May 2019.
- Deep dives to be undertaken regarding clinical pathways (Cancer, CVD etc.)
- Sharing learning and actions to ensure readiness from Topol Review
- Engage with ICS around establishing a governance framework that is fit for purpose