

**Agenda item 1.viii**

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| <b>Report to:</b>                         | <b>Board of Directors</b>   | <b>Date: 2019</b> |
| <b>Report from:</b>                       | <b>Chief Executive Officer</b>  |                   |
| <b>Principal Objective/Strategy:</b>      | <b>To set out for the Board the key themes from the NHS Long Term Plan</b>  |                   |
| <b>Title:</b>                             | <b>NHS Long Term Plan</b>   |                   |
| <b>Board Assurance Framework Entries:</b> | <b>All</b>  |                   |
| <b>Regulatory Requirement:</b>            | <b>NHS Long Term Plan Guidance</b>  |                   |
| <b>Equality Considerations:</b>           |   |                   |
| <b>Key Risks:</b>                         | <b>Implications for the Cambridgeshire and Peterborough Sustainability and Transformation Plan and Royal Papworth Hospital NHS Foundation Trust</b> |                   |
| <b>For:</b>                               | <b>Information</b>  |                   |

**1. Background**

The NHS Long Term Plan was published on the 7 January 2019 following the funding settlement announced by the Prime Minister in June 2018, which will see an additional £20.5 billion going into the NHS by 2023/24.

Some elements of the plan are clearly defined whilst others are still under development. In some places we have the opportunity to shape, influence or decide how and when we implement the content, but other elements will be mandated and the delivery mechanisms more clearly set out in this or future publications, including:

- The NHS Operational Planning and Contracting Guidance 2019/20, published on 10/1/2019
- The green paper for Social Care due to be published by the end of January 2019
- Workforce Implementation Plan to be published later in 2019
- NHS Clinical Standards Review in spring 2019
- A national review of NHS targets expected in Autumn 2019

The plan is important context for the strategic choices we are likely to be making as a system and as an organisation over the next few months.

**2. Key themes in the NHS Long Term Plan**

The plan sets out the following key messages for NHS providers and our system:

- A. All systems will become Integrated Care Systems (ICSs) by 2021.
- B. A new model for integrated primary and community services will be implemented which enhances out-of-hospital care.
- C. Systems will receive real-term investment and work together to use resources collectively.
- D. There will be better care for major health problems, supported by research and innovation.

E. Delivery of care will be supported by an enhanced workforce and digital approach.

For each of these themes, the briefings attached at Appendix 1 outline what this is likely to mean for the Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP) and Royal Papworth Hospital specifically and what the next steps are.

### **3. Future reports**

We will work with partners across our system to implement the next steps indicated for each of the key messages of the plan. Many of these steps will be incorporated into our own plans for 2019 and beyond, as part of the upcoming planning round and the Board will be kept informed of progress and delivery against the requirements of the NHS Long Term Plan.

### **4. Recommendation**

The Board of Directors is requested to note the key themes of the NHS Long Term Plan and the next steps planned at a Trust and system level.

**A. All systems will become Integrated Care Systems (ICSs) by 2021.*****What this is likely to mean for our healthcare system***

1.1 The plan outlines that ICSs will 'grow out' of STPs and sets out a number of the ingredients to becoming an ICS, the majority of which the Cambridgeshire and Peterborough STP already have in place.

1.2 The Plan defines an Integrated Care System (ICS) as bringing together local organisations to redesign care and improve population health, creating shared leadership and action.

1.3. Further, ICSs are likely to play a role in developing population health approaches. Through the use of data to understand and target population groups, the Cambridgeshire and Peterborough system would be expected to take more preventative action and systematically address health inequalities across the patch. We could develop local measures for our 2019 STP plan on how we are going to improve health inequalities by 2023/24 and 2028/29, including targeted interventions for at-risk groups.

1.4 Once we have progressed to ICS status, we would report against the ICS accountability and performance framework, which would include locally agreed outcome measures. In addition, we would choose which underpinning contractual options to pursue to enable the development of new models of care.

1.5 As the Cambridgeshire and Peterborough STP, we need to consider what role each partner organisation plays and how we can work together to contribute to the success of our ICS.

***What this is likely to mean for Royal Papworth Hospital NHS Foundation Trust***

1.6 Royal Papworth Hospital will need to work as a core part of an ICS, providing networked solutions to partner organisations across Cambridgeshire and Peterborough and beyond, focusing on providing the best pathways to deliver our excellent outcomes to more patients.

***Next steps***

1.7 The process by which an STP becomes an ICS is not outlined in the plan. Detail on this is to be provided through the Operational Planning and Contracting Guidance or the Long Term Plan local implementation plans, expected later in 2019. We should work as a system to develop our plans to deliver on the above ambitions.

## **B. A new model for integrated primary and community services will be implemented which enhances out-of-hospital care.**

### ***What this is likely to mean for our healthcare system***

2.1 The plan outlines a commitment to dissolving the historical boundaries between primary and community care, backed by a ring-fenced local fund worth at least an extra £4.5 billion a year in real terms by 2023/24. The process for allocating this funding is yet to be confirmed, but it is likely that the General Medical Services (GMS) contract could be a key mechanism for Primary Care Networks.

2.2 In Cambridgeshire and Peterborough, we have already started on the journey of developing a new model for primary and community care. Alliances have been established in the North and South to lead transformation, focusing initially on the development of Integrated Neighbourhoods. With primary care networks as their cornerstone, Integrated Neighbourhoods bring together all aspects of health services to provide joined-up, proactive care which keeps people well and out of hospital.

2.3 A key focus for our STP, through our Alliances, is to support the development and expansion of our Integrated Neighbourhoods. The plan proposes a number of ambitious initiatives, such as rapid community response, enhanced services for people in care homes and providing a digital front door via the NHS app. It is essential therefore that our Integrated Neighbourhoods are robust, well-supported and clinically led.

2.4 This model would be supported by actions to reform urgent and emergency care, to relieve the current pressures on our system and ensure patients receive the care they need fast and in the right place. These actions include:

- Implementing Urgent Treatment Centres which provide a consistent out-of-hours service by Autumn 2020.
- Developing a 'Same Day Emergency Care' (SDEC) service (i.e. ambulatory care) delivered by every medical and surgical department during 2019/20, which could increase the proportion of patients with certain conditions returning home on the same day as an attendance from a fifth to a third.
- Continuing our work on Delayed Transfers of Care (DTOC), which has been delivering to target, to maintain an average DTOC figure of 4,000 or fewer delays over the next 2 years, and reduce these further over the next 5 years.

### ***What this is likely to mean for Royal Papworth Hospital NHS Foundation Trust***

2.5 We should expect to play a greater role in working with partner organisations to improve health prevention and promotion. We should also continue to work closely with the STP's Care Advisory Group (CAG) to develop new patient pathways.

### ***Next steps***

2.6 Through our Alliances, our system is working to further develop, embed and expand our Integrated Neighbourhoods. We currently await further detail on the allocation and management of the new, ring-fenced primary and community care fund. Our plans to manage this could be outlined in the 2019 planning round.

## **C. Systems will receive real-term investment and work together to use resources collectively.**

### ***What this is likely to mean for our healthcare system***

3.1 The plan gives a revised timetable for the NHS to return to financial balance. The number of Trusts reporting a deficit in 2019/20 is expected to halve, and all NHS organisations should be in balance by 2023/24 through the Financial Recovery Fund. This means that the financial deficit of trusts across the system could be addressed over the next five years. The Financial Recovery plan is expected to set out the actions needed to make services sustainable at organisational and system level, and the agreed responsibilities within our system to manage our resources collectively.

3.2 The Plan continues the focus on efficiency, reducing unjustified variation in performance, delivering clinically-led improvement and putting the patient in the heart of the system through the 'getting it right first approach' (GIRFT).

3.3 The plan mentions an allocation of funding to grow the amount of planned surgery year-on-year, to cut long waits and reduce the waiting list. There is also expected to be a push towards more outpatient care that is not face-to-face, with the intention to reduce face to face appointments by a third. The ambition is that, where appropriate, all patients could opt for 'virtual' outpatient appointments. Work to develop this could also link closely with the developing of integrated neighbourhoods.

3.4 The funding processes for Trusts are likely to move from Payments by Results to population-based funding.

3.5 The increase in funding to primary, community and mental health services could develop and improve patient pathways across the system, improving our efficiency.

3.6 Across our system, we would need to work together to plan further system-wide efficiencies against key areas outlined in the plan, such as outpatient appointments and planned care.

### ***What this is likely to mean for Royal Papworth Hospital NHS Foundation Trust***

3.7 2019/20 will be the first year of a re-set of the financial framework for NHS providers, following confirmation in the Autumn Budget 2018 of additional funding for the NHS of £20.5bn more a year in real terms by 2023/24. A new financial architecture is being introduced with the aim of bringing providers back into balance. A new Financial Recovery Fund (FRF) of £1.05bn is being created to support the sustainability of NHS services and the Provider Sustainability Fund (PSF) is being reformed to help reduce the difference between national costs and prices. In addition to this, tariff efficiency requirements have been set at 1.1% for 2019/20, with an additional efficiency requirement of 0.5% for trusts in deficit, representing a material reduction in the tariff efficiency from 2% since 2016/17.

As a deficit Trust, the measures outlined above are likely to have a significant impact on the Trust's ability to return to financial balance in 2019/20. Should the Trust accept its Control Total, it is likely to have access to funding allocated from the FRF and PSF on a non-recurring basis, which will support the Trust's efforts to improve the financial sustainability of its services.

The Trust will be expected to implement proven initiatives from Model Hospital, RightCare and Getting it Right First Time (GIRFT) as part of its efficiency plans, as well as implementing the big opportunities identified in the Long Term Plan including reviewing outpatient models to reduce face-to-face outpatient visits. Both transformative actions and actions to accelerate ongoing opportunities will be required in 2019/20 to focus on how efficiencies can be generated at Trust and system level.

## **Next steps**

3.8 With 2019/20 positioned as a transition year, the next steps for implementing the plan are:

- Local health systems receiving five-year indicative financial allocations for 2019/20 to 2023/24, and being asked to produce plans for implementing the plan's commitments. Those local plans could then be brought together in a national implementation programme in the Autumn.
- The Clinical Standards Review and the national implementation framework being published in the spring, to be implemented in October following testing and evaluation of any new and revised standards.
- The NHS Assembly being established in early 2019. The Assembly – its members comprising third sector stakeholders, the NHS arm's length bodies and frontline NHS and local authority leaders – will advise the Boards of NHSE and NHSI and oversee progress on the plan.
- The spending review (expected in the Autumn) setting out allocations for NHS capital, education and training as well as public health and adult social care.

## **D. There will be better care for major health problems, supported by research and innovation.**

### ***What this is likely to mean for our healthcare system***

4.1 The plan sets out clear and costed improvement priorities for the biggest killers and disablers of our population, focusing on a strong start to life and better care throughout life for major health conditions.

4.2 Leading research and innovations to drive improvements in tackling major health problems are taking place across our system. Our acting STP Accountable Officer was part of the team developing these proposals for the plan. Proposals include work to increase the number of people registering for health research to one million by 2023/24 and the new NHS Genomic Medicine Service which would sequence 500,00 whole genomes by 2023/24. In the short term, seriously ill children who are likely to have a rare genetic disorder, children with cancer, and adults suffering from certain rare conditions or specific cancers, could begin to be offered whole genome sequencing.

4.3 The plan includes a commitment to integrated physical and mental health for children and young people, with funding due to grow faster than both overall NHS funding and total mental health spending over the next 10 years. Cambridgeshire and Peterborough STP would be at the forefront of delivering this vision with the award of £100m in capital funding to the system in December 2018 to develop the East of England Children's Hospital, which could integrate physical and mental health for children and young people in our region.

4.4 The plan commits to grow investment in mental health services faster than the NHS budget overall. For each of the next five years, mental health will receive a growing share of the NHS budget, worth in real terms at least a further £2.3 billion a year by 2023/24. New and integrated models of primary and community mental health care, alongside the additional funding, are likely to give 370,000 adults and older adults with severe mental illnesses greater choice and control over their care and support them to live well in their communities by 2023/24. The plan sets the ambition, by 2023/24, to introduce mental health transport vehicles and mental health nurses in ambulance control rooms, as well as building the mental health competency of ambulance staff to respond to mental health cases. By 2023/24, NHS 111 is likely to be the single, universal point of access for people experiencing mental health crisis and there could be an increase in alternative forms of provision for those in crisis, including non-medical alternatives to A&E and alternatives to inpatient admission in acute mental health pathways.

4.5 Alliances would play a key role in delivering improvements for cardiovascular disease, stroke care, diabetes, respiratory disease, and adult mental health services as outlined in the plan.

4.6 Redesigning end-to-end pathways for major conditions could be key to achieving the ambition to move from late to early stage diagnoses in cancer and deliver on other clinical improvements outlined in the plan. System partners would work together to develop these pathways, the delivery vehicle from some of which could be our Integrated Neighbourhoods.

### ***What this is likely to mean for Royal Papworth Hospital NHS Foundation Trust***

4.7 The plan sets out a clear focus on tackling cardiovascular disease, which causes a quarter of all deaths in the UK and is the largest cause of premature mortality in deprived areas. There will be a focus on the prevention and early detection of cardiovascular disease; 80% of heart failure is currently diagnosed in hospital, despite 40% of patients having symptoms that should have been triggered at an earlier assessment.

4.8 Relevant to Royal Papworth is the plan to increase access to echocardiography in primary care to improve the investigation of those with breathlessness, and the early detection of heart failure and valve disease. The plan also details the importance of

improving access to cardiac rehabilitation services to prevent 23,000 premature deaths and 50,000 acute admissions over 10 years.

4.9 The plan also sets out ambitions to improve patient pathways to ensure timely assessment and treatment for people who arrive in A&E following a stroke, heart attack, major trauma, severe asthma attack or with sepsis. At Royal Papworth Hospital, we have recently introduced a new pathway for patients with high-risk NSTEMI which means they now have quicker access to treatment, ultimately leading to improved outcomes. We will continue to work with system partners to identify opportunities to improve pathways for patients with cardiovascular disease.

4.10 The plan identifies that lung conditions, including lung cancer, are estimated to cost wider society around £9.9 billion each year. Respiratory disease affects one in five people in England, and hospital admissions for lung disease have risen over the past seven years at three times the rate of all admissions. Respiratory conditions are a major factor in the winter pressures faced by the NHS. As a result, the plan includes aims to detect and diagnose respiratory problems earlier, and target disadvantaged groups where there is higher smoking incidence, exposure to higher levels of air pollution, poor housing and exposure to occupational hazards. As a leading centre for thoracic medicine, Royal Papworth should work closely with primary care networks to improve the diagnosis of respiratory conditions to improve treatment and reduce the incidence of hospital admission.

4.11 The plan emphasises the importance of pulmonary rehabilitation in improving quality of life for patients with lung disease or breathlessness. Currently this is only offered to 13% of eligible patients with Chronic Obstructive Pulmonary Disease (COPD). Royal Papworth has a role to play in expanding pulmonary rehabilitation services across the region.

### ***Next steps***

4.12 System Partners could continue to progress the development of the Children's Hospital, with the aim of opening the hospital in 2023/24.

4.13 Clinicians and staff across our system could continue to work together to develop integrated pathways which deliver on the above ambitions for improving outcomes for major health problems as part of the STP planning round.



## **E. Delivery of care will be supported by an enhanced workforce and digital approach.**

### ***What this is likely to mean for our healthcare system***

5.1 It is acknowledged that the delivery of the plan is reliant on more staff, working in rewarding jobs with a supportive culture. However, the detail on how this could be enabled is lacking in the plan, as has been noted by the King's Fund, The Health Foundation Trust and numerous news outlets. Detailed proposals are due to follow in the Workforce Implementation Plan, expected to be published later in 2019.

5.2 The plan outlines a number of proposals to grow our domestic nursing and Allied Health Professional (AHP) workforce through more accessible training, the development of associate roles and flexible working arrangements.

5.3 It is anticipated that 7,500 new nursing associates could begin training in 2019 and a following 4,000 mental health and learning disability nurses could be trained by 2021/24. We should work together across the system to understand how best to utilise these new roles once the relevant trainees complete their training programmes.

5.4 The plan indicates a 'step change' in international recruitment to address the staffing shortfall in the immediate term. We await further detail on this to inform recruitment plans across the system.

5.5 It is expected that by 2024, all providers would be at a core level of digitisation. Information is being sent to GPs quicker than ever before across the Cambridgeshire and Peterborough STP, and across the system 'CareEverywhere' and 'EpicCare Link' has been used to link CUH's Epic System with primary care, acute hospitals and community services. This could be a priority area for further development in 2019 and beyond.

### ***What this is likely to mean for Royal Papworth Hospital NHS Foundation Trust***

5.6 We await more details from the Workforce Implementation Plan, expected later in 2019, but will no doubt need to continue our focus on international recruitment and develop plans to train more nurses through vocational training programmes.

5.7 In terms of our digital approach, we have started journey of interoperability with systems used at other Trusts. For example, our electronic patient record system, Lorenzo, can now provide and share results with the EPIC system used at Cambridge University Hospitals.

5.8 As a national specialist centre, we continue to develop our use of technology standards to connect with other systems including those used in primary care. As part of our Lorenzo Digital Exemplar Project, we will implement a system called 'Open Health Connect' which will mean better interoperability with primary care. We also now accept 100% of e-referrals from our referrers.

### ***Next Steps***

5.9 In lieu of the workforce implementation plan, we need to be clearer on the staffing shortfall across our system and how this can be addressed to begin delivery of the ambitions set out in the plan over the next 10 years.

5.10 We would need to build upon the leading digitisation work undertaken by system partners to further spread and integrate this across the system, delivering on the target of full digital coverage by 2023/24, which could include access to shared health and care records and care plans.