HERTFORDSHIRE COUNTY COUNCIL

PUBLIC HEALTH AND PREVENTION CABINET PANEL

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Agenda Item No.

5

THE NHS LONG TERM PLAN: AN OVERVIEW

Report of the Director of Public Health

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1. Purpose of report

1.1 This Report: provides an overview of the NHS Long Term Plan for Members and identifies issues which Members should consider.

2. Summary

2.1 NHS England released the NHS Long Term Plan in January 2019. A presentation accompanies this report.

2.2 The plan makes a number of commitments for the NHS, listed in detail in Appendix 1.

2.3 It is a plan for the NHS, it is not a system wide prevention or public health plan and the plan explicitly acknowledges the NHS cannot deliver this by itself.

2.4 The plan is a long and complex series of commitments and it will be important to retain a clear sense of Public Health's strategic aspirations for Hertfordshire throughout the period to intended full implementation by 2023.

2.5 The issues of funding for Public Health and Social Care remain unresolved and will need to be addressed by the Spending Review.

2.6 The track record of the NHS on prevention is mixed. It will need the skills, experience and commitment of the County Council, District Councils and Voluntary Sector to deliver.

2.7 The plan presents significant challenges for NHS systems to improve but also significant opportunities.

3. Recommendations

3.1 Panel is asked to:

- consider and comment on the report and the themes it addresses
- Consider how we might engage with the NHS on this plan

4. Background

4.1 NHS England and the Department of Health and Social Care published the NHS Long Term Plan for England in January 2019.The document can be found here www.longtermplan.nhs.uk

4.2 Prevention of health risk behaviours will lead to significant improvements in children and young people's long-term health and wellbeing into adulthood.

4.3 The Plan specifically recognises that there are two major sets of work which need to progress in parallel:

- Population Health Management approaches – which requires action by everyone, including the NHS (see definitions Appendix 2)
- Place Based Approaches – including action on wider determinants such as planning, housing, education and employment outcomes and many other aspects the NHS is not set up to deliver on.

4.4 Improvements in health of the population will not occur without both. The NHS Plan itself explicitly acknowledges this where it says:

Action by the NHS is a complement to, but cannot be a substitute for, the important role for local government. In addition to its wider responsibilities for planning, education, housing, social care and economic development, in recent years it has also become responsible for funding and commissioning preventive health services, including smoking cessation, drug and alcohol services, sexual health, and early years support for children such as school nursing and health visitors. These services are funded by central government from the public health grant, and funding and availability of these services over the next few years which will be decided in the next Spending Review directly affects demand for NHS services. As many of these services are closely linked to NHS care, and in many cases provided by NHS trusts, the Government and the NHS will consider whether there is a stronger role for the NHS in commissioning sexual health services, health visitors, and school nurses, and what best future commissioning arrangements might therefore be.

4.5 In order to ensure that as a system we achieve this, it is important to be clear for ourselves and our partners on the County Council's aspirations for what the NHS Long Term Plan will deliver for Hertfordshire. Public Health is already playing its part in system leadership of the

Sustainability and Transformation Partnership, and is working to play a stronger role in system leadership, to ensure that the journey towards an Integrated Care System has the right configuration, priorities and ambitions for Hertfordshire as a whole.

4.6 Members are invited to consider and articulate what ambitions they wish to see delivered for Hertfordshire from the Long-Term Plan and the journey towards an Integrated Care System. From a Public Health and Prevention perspective it is suggested that there are five tests of whether the new arrangements will deliver what the County Council's stated ambitions in the Corporate Plan, Public Health Strategy, and Health and Wellbeing Strategy are:

1. An overall improvement in the health of the population:
    a. Clearly shown by improvements across the Public Health, NHS (including variations in Primary Care Performance), Adult Care and Children's Outcomes suites
    b. Starting with those who experience greatest inequalities
    c. A significant reduction in unwarranted variations in care, especially primary care
    d. Consistent, effective preventive pathways and interventions embedded in all health and care services
2. Reduction in avoidable disability and death from major causes
3. A whole system approach which recognises the respective strengths of different parts of the system to deliver different functions (e.g. some prevention is best delivered by voluntary sector or public health, other aspects by NHS.)
4. Equality of esteem in funding, effort and delivery for both the Population Health approaches and the Place Based Approaches
5. Sustainable funding of Public Health and Social Care in addition to the NHS, including effective use of the Hertfordshire Pound as a whole system.

4.7 A full table of all commitments in the Plan is contained at Appendix 1. As part of the Long-Term Plan, the NHS will embark on a further process of organisational change. The Plan states that it expects there to be one single Clinical Commissioning Group (CCG) per Integrated Care System (ICS) area by 2021, and the process will start in 2019-20 with a single accountable officer for the CCGs in each ICS area. It will be important to retain focus on outcomes during this process.

4.8 This paragraph of the plan requires some close analysis which will be covered in the presentation

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health, and early years support for children such as school nursing and health visitors. These services are funded by central government from the public health grant, and funding and availability of these services over the next few years which will be decided in the next Spending Review directly affects demand for NHS services. As many of these services are closely linked to NHS care, and in many cases provided by NHS trusts, the Government and the NHS will consider whether there is a stronger role for the NHS in commissioning sexual health services, health visitors, and school nurses, and what best future commissioning arrangements might therefore be.

4.9 The Local Government Association has published a briefing on the plan which provides some useful analysis from local authorities' perspective https://www.local.gov.uk/parliament/briefings-and-responses/nhs-long-term-plan

4.10 Some useful briefings on the NHS Plan have been produced by other agencies and some of these are suggested in the table below

Useful briefings on the NHS Plan	
Kings' Fund Analysis	https://www.kingsfund.org.uk/topics/nhs-long-term-plan
NHS Providers Briefing	https://nhsproviders.org/resource-library/briefings/on-the-day-briefing-developing-the-long-term-plan-for-the-nhs
NHS Confederation Briefing	https://www.nhsconfed.org/-/media/Confederation/Files/public-access/NHS_Confederation_LTP_member_briefing.pdf
Centre for Mental Health	https://www.centreformentalhealth.org.uk/nhs-long-term-plan
Healthy London Summary Briefing	https://www.healthylondon.org/wp-content/uploads/2019/01/The-NHS-Long-Term-Plan-HLP-summary.pdf

5. Equality Impact Assessment

5.1 When considering proposals placed before Members it is important that they are fully aware of and have themselves rigorously considered the equalities implications of the decision that they are taking.

5.2 Rigorous consideration will ensure that proper appreciation of any potential impact of that decision on the County Council's statutory obligations under the Public Sector Equality Duty. As a minimum this requires decision makers to read and carefully consider the content of any Equalities Impact Assessment (EqIA) produced by officers.

5.3 The Equality Act 2010 requires the Council when exercising its functions to have due regard to the need to (a) eliminate discrimination, harassment, victimisation and other conduct prohibited under the Act;

(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The protected characteristics under the Equality Act 2010 are age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief, sex and sexual orientation.

5.4 An Equality Impact Assessment (EqIA) has not been undertaken by the County Council on this since this report is for information and discussion. NHS England has published an Equality and Health Inequality Impact Assessment and this can be found here https://www.england.nhs.uk/publication/the-nhs-long-term-plan-equality-and-health-inequalities-impact-assessment/

6. Financial Implications

6.1 There are no financial implications to this report since the financial arrangements for the NHS Plan have not been clarified by NHS England.

Appendix 1: The NHS Long Term Plan: Commitments

This document itemises the commitments in the plan.

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

Section	Commitment
1.8	Within 5 years expected to improve the responsiveness of community health crisis response services within two hours of the referral in line with National Institute for Health and Care excellence (NICE) guidelines where clinically judged appropriate
1.8	All parts of the country should be delivering reablement care within two days of referral
1.9	Practices enter into network contract
1.10	From 2019 NHS111 will start direct booking into GP practices across the country, as well as referring onto community pharmacists. Clinical Commissioning Groups (CCG) develop pharmacy connection schemes for patients who don't need primary medical services
1.15	We will upgrade NHS support to all care home residents who would benefit by 2023/24, with an Enhanced Health Care (EHCH) model rolled out across the whole country
1.17	From 2020/21 Primary Care Networks will assess their local population by risk of unwarranted health outcomes and, working with local community services, make support available to people where it is most needed.
1.25	From 2019/20 embed single multi-disciplinary Clinical Assessment Service (CAS) within integrated NHS 111, ambulance dispatch and GP Out of Hours services
1.26	By Autumn 2020 fully implement Urgent Treatment Centre (UTC) model
1.30	Every acute trust with a "Type 1 Accident and Emergency" department (i.e. fully staffed with Consultant Physicians) will: • move to a comprehensive model of Same Day Emergency Care (SDEC). The SDEC model should be embedded in every hospital, medical and surgical specialities during 2019/20 • provide an acute frailty service for a least 70 hours a week. Work towards clinical frailty assessment within 30 mins of arrival • test and begin implementing new emergency and urgent care standards
1.33	From 2020, embed Emergency Care Depts into UTCs and SDEC services.
1.34	By 2023 Clinical Assessment Service will typically act as single point of access for patients
1.39	Roll out NHS personalised Care Model reaching 2.5m people by 2023/2024 and aiming to double that within the decade.
1.40	Over 1,000 trained social prescribing link workers will be in place by end of 2020/21 rising further by 2023/24 (no mention of how the actual interventions will be funded in plan, a major concern for local authorities and voluntary sector.)
1.41	Accelerate roll out of Personal Health Budgets (PHB). By 2023/24 up to 200,000 people will benefit from PHB
1.44	Over next five years every patient in England will have the right to choose telephone or online consultations from their GP
1.47	Re-designing outpatient services over the next five years
1.51	By April 2021 Integrated Care Systems (ICS) will cover the whole country

Chapter 2: More NHS action on prevention and health inequalities

Section	Commitment
2.9	By 2023/24 all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services
2.10	Adapted model available for expectant mothers and their partners
2.11	New universal smoking cessation offer be available as part of the specialist mental health services for long-term users of specialist mental health, and learning disability services

2.14	Target support offer and access to weight management series in primary care for people with a diagnosis of type 2 diabetes or hypertension with a BMI of 30+
2.20	Over next five years, hospital with highest rate of alcohol dependence-related admissions will be supported to fully establish specialist Alcohol Care Teams
2.21	By 2023/24 NHs will cut business mileage and fleet air pollution emissions by 20%.
2.26	During 2019 all local systems expected to set out how they will specifically reduce health inequalities by 2020/24 and 2028/29
2.26	Expect all CCGs to ensure that all screening and vaccination programmes are designed to support a narrowing of health inequalities
2.28	By 2024 75% women from Black and Minority Ethnic communities and similar percentage of women from the most deprive groups will receive continuity of care from their midwife, throughout out their pregnancy, labour and post-natal period.
2.30	By 2020/21 will ensure that at least 280,000 people living with Severe Mental Illness (SMI) have their physical health need met.
2.30	By 2023/24 increase the number of people with SMI problems receiving physical health checks to an additional 110,000 people per year
2.31	Over five years we will invest to ensure that children with Learning Disabilities have their needs met by eyesight, hearing and dental services.

Chapter 3: Further progress on care quality and outcomes

Section	Commitment
3.9	NHS will accelerate action to achieve 50% reductions in stillbirth, maternal mortality, neonatal mortality and serious brain injury.
3.10	In 2019 aim to roll out the care bundle across every maternity unit in England.
3.12	Spring 2019, every trust in England with a maternity and neonatal service will be part of the National Maternal and Neonatal Health Safety Collaborative.
3.13	By 2021 most women receive continuity of the person caring for them during pregnancy, during birth and postnatally.
3.15	Maternity digital care records are being offered to 20,000 eligible women in 20 accelerator sites across England, rising to 100,000 by the end of 2019/20.
3.15	By 2023/24, all women will be able to access their maternity notes and information through their smart phones or other devices.
3.39	We will actively support children and young people to take part in clinical trials, so that participation among children remains high, and among teenagers and young adults rises to 50% by 2025.
3.40	From September 2019, all boys aged 12 and 13 will be offered vaccination against Human Papilloma Virus-related diseases, such as oral, throat and anal cancer.
3.45	From 2019/20 clinical networks will be rolled out to ensure we improve the quality of care for children with long-term conditions such as asthma, epilepsy and diabetes. (How these will differ from the Networks which the NHS rolled out between 2005 – 2010 remains to be seen)
Milestones for Cancer	• From 2019 NHS will start to roll out new Rapid Diagnostic Centres across the country. • In 2020 a new faster diagnosis standard for cancer will begin to be introduced so that patients receive a definitive diagnosis or ruling out of cancer within 28 days. • By 2020 HPV primary screening for cervical cancer will be in place across England. • By 2021, where appropriate every person diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support. • By 2022 the lung health check model will be extended. • By 2023, stratified, follow-up pathways for people who are worried their cancer may have recurred. These will be in place for all clinically appropriate cancers. • By 2028, the NHS will diagnose 75% of cancers at stage 1 or 2.

Milestones for cardiovascular disease	• The NHS will help prevent up to 150,000 heart attacks, strokes and dementia cases over the next 10 years. • We will work with our partners to improve community first response and build defibrillator networks to improve survival from out of hospital cardiac arrest. • By 2028 the proportion of patients accessing cardiac rehabilitation will be amongst the best in Europe, with up to 85% of those eligible accessing care.
Milestones for stroke care	• In 2019 we will, working with the Royal Colleges, pilot a new credentialing programme for hospital consultants to be trained to offer mechanical thrombectomy. • By 2020 we will begin improved post-hospital stroke rehabilitation models, with full roll-out over the period of this Long-Term Plan. • By 2022 we will deliver a ten-fold increase in the proportion of patients who receive a thrombectomy after a stroke so that each year 1,600 more people will be independent after their stroke. • By 2025 we will have amongst the best performance in Europe for delivering thrombolysis to all patients who could benefit.
3.80	From April 2019 will ensure that, in line with clinical guidelines, patients with type 1 diabetes benefit from life changing flash glucose monitors.
3.80	By 2020/21, all pregnant women with type 1 diabetes will be offered continuous glucose monitoring, helping to improve neonatal outcomes.
3.89	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.
3.91	The Five Year Forward View for Mental Health set out plans for expanding Improving Access to Psychological Therapies (IAPT) services so at least 1.5 million people can access care each year by 2020/21. We will continue to expand access to IAPT services for adults and older adults with common mental health problems, with a focus on those with long-term conditions. By 2023/24, an additional 380,000 adults and older adults will be able to access NICE-approved IAPT services.
Milestones for mental health services for adults	• New and integrated models of primary and community mental health care will 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. • By 2023/24, NHS 111 will be the single, universal point of access for people experiencing mental health crisis. We will also increase 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. Families and staff who are bereaved by suicide will also have access to post-crisis support. • By 2023/24, we will introduce mental health transport vehicles, introduce mental health nurses in ambulance control rooms and build mental health competency of ambulance staff to ensure that ambulance staff are trained and equipped to respond effectively to people experiencing a mental health crisis. • Mental health liaison services will be available in all acute hospital A&E departments and 70% will be at 'core 24' standards in 2023/24, expanding to 100% thereafter.
3.108	The local NHS is being allocated sufficient funds over the next five years to grow the amount of planned surgery year-on-year, to cut long waits, and reduce the waiting list.
3.114	We will work to increase the number of people registering to participate in health research to one million by 2023/24.
3.115	By 2023/24 the new NHS Genomic Medicine Service will sequence 500,000 whole genomes.
3.117	From 2020/21 we will expand the current NHS England 'Test Beds' through

	regional Test Bed Clusters.
3.119	We will invest in spreading innovation between organisations. Funding for Academic Health Science Networks (AHSNs), subject to their success in being able to spread proven innovations across England, will be guaranteed until April 2023

Chapter 4: NHS staff will get the backing they need

Section	Commitment
4.12	Improve nursing vacancy rate to 5% by 2028
4.15	Extra 5,000 nursing undergraduate places funded from 2019/20
4.18	Continue investment in growth of nursing apprenticeships with 7,500 new nursing associates starting in 2019
4.19	Grow wider apprenticeships in clinical and non-clinical jobs in the NHS with the expectation that employers will offer all entry-level jobs as apprenticeships before considering other recruitment options.
4.36	Improve staff retention by at least 2% by 2025
4.42	Each NHS organisation will set its own target for BAME representation across its leadership team and broader workforce by 2021/22.
4.48	By 2021 NHS Improvement (NHSI) will support NHS trusts and Foundation Trusts (FTs) to deploy electronic rosters or e-job plans
4.54	Double the number of NHS volunteers over the next three years.

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

Section	Commitment
5.12	In 2019/20, 100,000 women will be able to access their maternity record digitally with coverage extended to the whole country by 2023/24.
5.13	We will work with the wider NHS, the voluntary sector, developers, and individuals in creating a range of apps to support particular conditions
5.13	By 2020, we aim to endorse a number of technologies that deliver digitally-enabled models of therapy for depression and anxiety disorders for use in IAPT services across the NHS.
5.14	Support for people with long-term conditions will be improved by interoperability of data, mobile monitoring devices and the use of connected home technologies over the next few years
5.14	By 2023, the Summary Care Record functionality will be moved to the Personal Health Record (PHR) held within the Local Health and Care (LHCR) systems, which will be able to send reminders and alerts directly to the patient.
5.17	Supporting moves towards prevention and support, we will go faster for community-based staff.
5.21	Over the next five years, every patient will be able to access a GP digitally, and where appropriate, opt for a 'virtual' outpatient appointment.
5.22	By 2024 all providers, across acute, community and mental health settings, will be expected to advance to a core level of digitisation.
5.25	By 2022, technology will better support clinicians to improve the safety of and reduce the health risks faced by children and adults.
5.26	During 2019, we will deploy population health management solutions to support Integrated Care Systems (ICSs) to understand the areas of greatest health need and match NHS services to meet them.
5.28	By 2021, pathology networks will mean quicker test turnaround times, improved access to more complex tests and better career opportunities for healthcare scientists at less overall cost.
5.28	By 2023, diagnostic imaging networks will enable the rapid transfer of clinical images from care settings close to the patient to the relevant specialist clinician to interpret
Milestones	• During 2019 we will introduce controls to ensure new systems purchased by the NHS

for digital technology	comply with agreed standards, including those set out in *The Future of Healthcare*. • By 2020, five geographies will deliver a longitudinal health and care record platform linking NHS and local authority organisations, three additional areas will follow in 2021. • In 2020/21, people will have access to their care plan and communications from their care professionals via the NHS App; the care plan will move to the individual's LHCR across the country over the next five years. • By summer 2021, we will have 100% compliance with mandated cyber security standards across all NHS organisations in the health and care system. • In 2021/22, we will have systems that support population health management in every Integrated Care System across England, with a Chief Clinical Information Officer (CCIO) or Chief Information Officer (CIO) on the board of every local NHS organisation. • By 2022/23, the Child Protection Information system will be extended to cover all health care settings, including general practices. • By 2023/24 every patient in England will be able to access a digital first primary care offer (see 1.44). • By 2024, secondary care providers in England, including acute, community and mental health care settings, will be fully digitised, including clinical and operational processes across all settings, locations and departments. Data will be captured, stored and transmitted electronically, supported by robust IT infrastructure and cyber security, and LHCRs will cover the whole country

Appendix 2: Definitions

Integrated Care System	The goal for Sustainability and Transformation Partnerships (STPs) is that they will become Integrated Care Systems. Integrated Care Systems are an intended way of working, collaboratively, between a range of health and social care organisations, to improve health. They take responsibility for delivering NHS Standards. There has been concern nationally that ICSs may be too NHS focused and local government engagement is vital to their success. The intention is that organisations should work together in a shared way; sharing budgets, staff, resources where appropriate, to best meet people's needs. It is intended to be a commissioning function. The clarity between the functions of this and the CCG in the NHS Long Term Plan is sometimes blurred.
Population Health	Population Health is an approach aimed at improving the health of an entire population. Public Health at its widest.
Population Health Management	**Population Health Management is a focused approach on sub populations.** It seeks to improve population health by understanding the health outcomes of populations and using data to segment and stratify populations so that different parts of the system can take specific interventions. It includes using data modelling to identify local 'at risk' cohorts - and, in turn, designing and targeting interventions to prevent ill-health and to improve care and support for people with ongoing health conditions and reducing unwarranted variations in outcomes. There are five **overall aims** of Population Health Management: • Improve the health and well-being of the population • Enhance experience of care and support • Reduce per capita cost of care and improve productivity • Increase the well-being and engagement of the workforce • Address health and care inequalities A useful blog by Steve Laitner, a Hertfordshire GP, can be found here, explaining an approach to ageing populations https://www.england.nhs.uk/blog/a-population-health-management-approach-to-ageing/
Sustainability and Transformation Partnership	In 2016 the NHS came together in 44 areas covering all of England to develop proposals to improve health and care. The function of these Partnerships – known as sustainability and transformation partnerships – is to run

	services in a more coordinated way, to agree system-wide priorities, and to plan collectively how to improve residents' day-to-day health. Local Authorities have had varying degrees of engagement and influence over them and there has been a feeling there is a democratic deficit. The agencies have no legal standing or powers, and some have performed much better than others. The STP footprint for Hertfordshire is Hertfordshire and West Essex, based on patient and health care flows.