

Developing a Long Term Plan for north east London

The East London Health and Care Partnership is developing a response to the Long Term Plan, setting out how partners (CCGs, providers, local authorities) will work together to provide high quality care and better health outcomes for patients and their families, through every stage of life. The document is a strategy for the next five years, which sets out how we will make the ambitions of the Long Term Plan a reality for the communities we serve.

The NHS Long Term Plan will make sure the NHS is fit for the future, providing high quality care for you and your family, throughout your life.



Our envisaged Health & Care System across North East London

Integrated Care & Collaboration – from the Networks to the ICS level

Primary Care Networks

Place based partnerships

*Barking and
Dagenham*

Havering

Redbridge

*City and
Hackney*

Newham

Tower Hamlets

*Waltham
Forest*

Local systems

BHR

City and Hackney

WEL

North East London ICS

Long Term Plan background: 1

The national Long Term Plan was released in early 2019. It sets out how to make the NHS fit for the future.

By giving everyone the best start in life

- through better maternity services, including a dedicated midwife looking after a mother throughout her pregnancy.
- by joining up services from birth through to age 25, particularly improving care for children with long term conditions like asthma, epilepsy and diabetes and revolutionising how the NHS cares for children and young people with poor mental health with more services in schools and colleges.

By delivering world-class care for major health problems to help people live well

- with faster and better diagnosis, treatment and care for the most common killers, including cancer, heart disease, stroke and lung disease, achieving survival rates that are among the best in the world.
- supporting families and individuals with mental health problems, making it easier to access talking therapies and transforming how the NHS responds to people experiencing a mental health crisis.

By helping people age well

- with fast and appropriate care in the community, including in care homes, to prevent avoidable hospital admissions for frail and older people.
- by significantly increasing the numbers of people who can take control of their healthcare through personal budgets.

Long Term Plan background: 2

The national Long Term Plan sets out how the NHS will take action to make this ambitious vision a reality.

- **We will join up the NHS so patients don't fall through the cracks**, such as by breaking down the barriers between GP services and those in the community.
- **The NHS will help individuals and families to help themselves**, by taking a more active role in preventing ill-health, such as offering dedicated support to people to stop smoking, lose weight and cut down on alcohol.
- **The NHS will tackle health inequalities** by working with specific groups who are vulnerable to poor health, with more funding for areas with high deprivation and targeted support to help homeless people, black and minority ethnic (BAME) groups, and those with mental illnesses or learning disabilities.
- **We will back our workforce by increasing the number of people working in the NHS**, particularly in mental health, primary care and community services. We will also create a better working environment by offering better training, support and career progression and we'll crack down on bullying and violence at all levels.
- **We will bring the NHS into the digital age**, rolling out technology such as new digital GP services that will improve access and help patients make appointments, manage prescriptions and view health records on-line.
- **The NHS will spend this extra investment wisely, making sure money goes where it matters most.** The NHS will build on the £6 billion we saved last year by reducing waste, tackling variations and improving the effectiveness of treatments – this will include bearing down on red tape, ensuring the NHS is used responsibly, and curbing fraud and other abuses.

Forming our NEL Long Term Plan

- Determining how the ambitions in the national long term plan and the additional funding we will receive over the next five years should be translated into improved services for people in our area.
- Building on existing plans that local people have already helped us draw up
- Engaging at local system (BHR/WEL/C&H) and workstream (e.g. maternity/diabetes/primary care) level
- Healthwatch-led engagement to help to improve reach into communities and enhance understanding of issues among all parties
- Still more to do

the contents of our NEL LTP response document:

The framing of our response is in line with the chapters of the LTP document.

Executive Summary

Scene setting

- Demographics
- Health Inequalities

Chapter 2 - Integrated Care

- Population Health for NEL
- Description of Integrated Care for NEL
- Three system overviews
 - C&H
 - WEL
 - BHR

Chapter 3 Prevention

- London Vision prevention: e.g. HIV/ Knife crime
- Public Health
- NEL specific prevention context

Chapter 4 - Delivery

- Primary and community care
- Transforming how we deliver UEC
- Rapid Diagnostic Centres
- Personalisation
- Social Care
- Clinical/surgical strategy

Chapter 5 Better care Improved Outcomes

- Maternity
- CYP / 0-25
- Learning Disabilities
- Early MH
- Major LTCs
Diabetes/CVD/Stroke/Respiratory
- Meds Optimisation
- Cancer
- Ageing well
- EOLC Patient Safety and Experience
- The NHS Patient Safety Strategy

he contents of our NEL LTP response document:

Chapter 6 - Enablers

- Workforce and culture change
- Digital
- Estates
- Quality Improvement
- Research & Innovation
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Chapter 7 - Sustainability

- Finance
- Activity
 - Specialist Commissioning – London Devolution
- Sustainability

Chapter 8 - Delivery

- 2021 vision
- Key risks
- Tracking + monitoring of our plans
- Next steps – deliver through systems

Themes of interest

- Population is growing and changing, things can't continue as they are
- We want to make sure they are treated by the right person, in the right place, at the right time – this is not necessarily in a hospital.
- Need to invest in our estate
- Primary Care Networks - covering around 30-50,000 patients in a neighbourhood, the network is a group of separate GP practices choosing to join forces:
 - with each other to address the challenges faced by general practice, and
 - with other community-based services to enable integration of care for patients.

Networks will be funded to recruit a new workforce and given support to make primary care more attractive for GPs in their 30s and 40s to work more than part time.

- Significant workforce challenges present an opportunity to engage with health and care workforce to design things differently for the future (roles, ways of working, use of technology etc).

ED at King George Hospital

BHRUT is developing its clinical strategy which will set out how it can meet the growing demand and changing needs of patients, while still providing the best possible care. The project is moving into its second phase, where a list of possible options for delivering care are developed from which preferred options will go into a final draft strategy. This is a set of standards which will be applied to each option to see which would work and provide the most benefit to patients. There will be some options which are not up for consideration, for example the Trust will keep a Type 1 Emergency Department at both hospitals.

To be clear: the Emergency Department at King George Hospital (KGH) is safe and there is a need for such provision both now and into the future.

It will continue to be a consultant-led service, open 24 hours a day, with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients (currently known as a Type 1 A&E department).

Timelines and key dates

Implementation guidance issued on 27 June 2019:

<https://www.longtermplan.nhs.uk/publication/implementation-framework/>

Process of compiling a draft for submission to NHS England on **27 September** is underway.

This process involves:

- Regular partnership meetings to review progress and content
- 31 July workshop to explore working together over the course of this planning period and beyond, and how we enhance local delivery of the work while facilitating a co-ordinated approach where helpful
- Drafts shared with partners for comment
- Updates to all HWBBs with opportunity for feedback and comments
- Sharing draft sections on our website for comment as we're able: www.eastlondonhcp.nhs.uk

Once the draft is submitted we will share and ask for further comments in **October**. Concurrently, NHSE/ will respond and feedback on this draft version allowing us to further amend and update before to final submission on **15 November**.

Our **16 October** event (save the date), will further engage partners in reviewing the first draft. This event will also provide an initial opening for discussion on how we move from planning towards an implementation phase.