

Developing a local response to the NHS Long Term Plan

Update for INEL and ONEL joint health overview and scrutiny committee

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NHS Long Term Plan



- The NHS Long Term Plan was published in January 2019 and sets out an ambitious vision for the NHS over the next ten years and beyond.
- It outlines how the NHS will give everyone the best start in life; deliver world-class care for major health problems, such as cancer and heart disease, and help people age well
- We have been working locally to plan how we will deliver the Long Term Plan's commitments over the next five years. We are calling this our Strategy Delivery Plan (SDP)
- On 27 September 2019 we submitted a draft document to NHS England.
- Draft on our website www.eastlondonhcp.nhs.uk to allow people the opportunity to have their say on the content.
- Now in the process of incorporating feedback ahead of a final version being submitted to NHS England on 15 November 2019, which will also include commitments on finance and key service targets.

Our challenges

Our challenges cannot be addressed simply by doing more of the same:

- We are facing substantial population growth (from 2.02m to 2.28m by 2028, 13% growth over the next 10 years).
- There are significant variations in clinical quality and outcomes across our health and care economy that need to be tackled in order to make a real impact on health inequalities.
- We already have a significant workforce challenge across both health and care services and our population growth will exacerbate demand for services if we continue to deliver them in the same way.
- Demand is projected to outstrip our resources and capacity which means we need to look at how we provide care and our financial models and systems. These challenges span both health and social care, and mean we need to agree a different way across all our partner organisations to manage financial risk.

In order to continue to respond to the health and care needs of our local population we need to do things radically differently.

Responding to our challenges

- Greater emphasis on preventing ill health, and empowering local people to take more control over their health and lifestyle choices (prevention and personalisation)
- Ensuring the health and care services we do provide are integrated, joined up and appropriate for people's needs (integrated care)
- Rapidly modernising local approaches to health and care provision, utilising the academic and research base we have in north east London for the good of our local population (modernisation).

One page summary



<p>Our key challenges</p>	<ul style="list-style-type: none"> ➤ Growing population and increasing demand – 13% projected growth in the next 10 years, we need to respond to demand differently if we’re going to manage this successfully ➤ Health inequalities – we need to make more progress in tackling the health inequalities of our local population. ➤ An unbalanced delivery system– we are set up to respond to illness and need to refocus towards prevention and population wellness ➤ Workforce – we currently have 11% vacancies across our system putting pressure on the existing workforce and our ability to recruit and retain staff; we need to grow our own going forward and think about different roles. 				
<p>Our top priorities</p>	<ul style="list-style-type: none"> ✓ Improving quality of care delivery and reducing unwarranted variation – working together with our communities to create an integrated care system that will improve the quality of care they receive and make it much more joined up and person-centred ✓ Invest in local integrated primary and community infrastructure – help people stay well for longer and support them at home when they need it ✓ Population Health management and intelligence – using the information we have to direct resources and action where it is most needed and maximise our impact ✓ Digital revolution – taking advantage of advances in technology to radically change the way we access and provide care (e.g. information technology, artificial intelligence) ✓ Workforce transformation – changing how we work, the skills we need, what we offer our workforce so that we can attract the workforce we need, and developing new roles that are more relevant to 21st century health and care provision 				
<p>Our change programmes</p>	<p>A better start in life Improving maternity services and supporting young people to have the best start in life they can.</p>	<p>Living well Supporting people to live healthy and happy lives, to manage any long-term health problems, and to age well.</p>	<p>A good end to life Helping people as they get older, and supporting people and their families through death ensuring dignity and choice of where to die.</p>	<p>Better mental health Putting mental health on an equal footing to physical health, removing stigma and providing better support in the community.</p>	<p>Seldom heard communities We are committed to working in partnership with patients and communities who experience health inequalities to help reduce these, help them to access the support that suits them, and promote environments that are fair and free of discrimination.</p>

Our ambition: What we will deliver for...

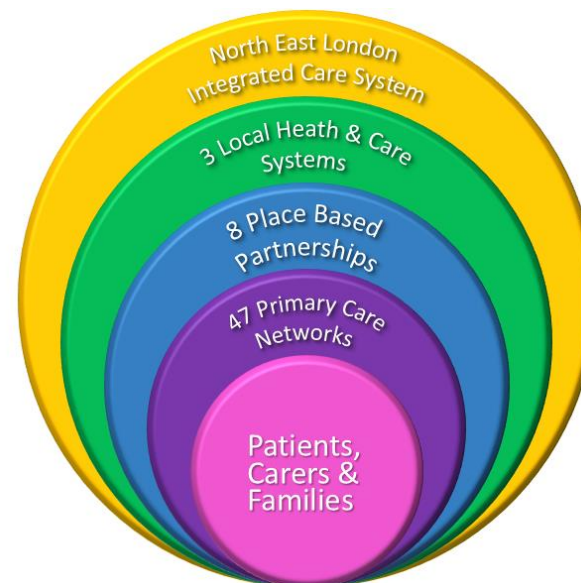


Local people	Health and care staff
don't notice organisational boundaries – it is all one health and care system working together to provide the best care	can easily talk to and share information with staff working in other organisations so they can provide the best care
are supported to stay well	support people to stay healthy, with a focus on longer-term health and wellbeing and prevention
can access the best care possible in modern, fit for purpose facilities	work in modern, fit for purpose facilities that make it easy to do their jobs well
can view their patient record online, and are confident it is stored securely	can easily and securely access patients records in order to provide knowledgeable, consistent care, and don't have to ask people to repeat themselves
access care provide by skilled, motivated, kind staff with a culture of continuous improvement	<p>are supported to provide the best care by continually developing their skills and expertise and are offered training</p> <p>want to work in north east London because there are flexible, innovative roles with opportunities to develop</p>
benefit from world class research and innovation which means earlier diagnosis and more effective treatments	can use research and innovation to provide the best care

How we will make change happen:

Strategy delivery plan

- Integrating care for our local residents through improved and responsive out of hospital services.
- Tackling demand in a meaningful way, focused on addressing the social determinants of health.
- Developing our clinical services to support our population needs, taking a different approach to services for the young and the old in our communities
- Delivering a 21st century NHS for our local population using the opportunities afforded to us by new technology, quality improvement, urban regeneration and research opportunities.



Through our
Integrated
Care System

Working better as a “System”

- Developing collective responsibility for population health across all partners
- Strengthening clinical leadership from network to ICS level and across all health and care disciplines
- Enhancing place-based partnerships, particularly with local authorities and embedding patient and public engagement.
- Empowering local people to take more control over their health and lifestyle choices
- Utilising the centres of excellence and models of good practice that exist already across NEL for the maximum benefit of our local communities

System enablers

- **Workforce** Addressing retention through supporting our current workforce to thrive, improving our leadership culture, developing new roles, and embedding a culture of learning and development
- **Digital** Further developing our capability to share records and accelerating the use of digital for patients in primary care.
- **Estates** Working together to delivery care in modern, fit for purpose buildings
- **Finance & analytics** Taking a visionary approach to finance, making population health our key financial driver

Delivering by developing an ICS

We have all committed to working together in a collaborative way to deliver local health and care services which mean local people have more options, better support and properly joined up care at the right time in the best care setting.

Integral to this will be how we develop our north east London Integrated Care System (ICS) by April 2021.

ICSs bring together local organisations in a pragmatic and practical way to deliver the ‘triple integration’ of primary and specialist care, physical and mental health services and health with social care. They will have a key role in working with local authorities at ‘place’ level and through systems, commissioners will make shared decisions with providers on population health, service redesign and Long Term Plan implementation.

What is our plan?

We want to make some changes to how we are organised to provide better and more joined-up services as an **integrated care system (ICS)**. This will include:

- all GP practices working together in **primary care networks**
- seven **place-based partnerships** drawing together all the NHS organisations in a given area and working more closely with local authorities
- Three **local systems** looking more strategically at what makes sense to be provided across a wider geographical area
- a **single commissioning group** for north east London, led by local doctors, to take a bird's eye view and look at where we can tackle shared challenges together, such as cancer and mental health



These changes support the commitments set out in the NHS Long Term plan.

NEL Integrated Care System

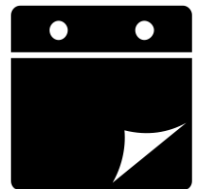
An integrated care system is a new way of working together:



- The old ways of working, with the separation of commissioners and providers, independent organisations following their own agendas and competition between providers is being replaced by a new culture of co-operation, collaboration, integration and system-based working.
- There will be a new focus on population health, and this will become everyone's business. Providers will not just be responsible for the people they treat but have a collective responsibility for the whole population's health alongside commissioners
- We are still at the beginning of considering how this will work across NEL. We will need the support of our local partners, communities and staff to develop how this will work.
- This will only be achieved by sharing the responsibility with local authorities and other partners.

A single NEL CCG

- We currently have **seven clinical commissioning groups** in north east London buying and planning services – this can **lead to variation**
- **No birds eye view** in north east London. A single commissioner would **focus on health needs of the whole population**
- Primary care networks, place based partnerships and local systems will take a **local view** in future
- Will look to retain what's working well locally and share best practice across NEL
- Single commissioner could also **commission some specialist services** for the whole of north east London, for example cancer care and children's services
- Single commissioner would be **led by doctors** and other healthcare professionals
- All **seven CCGs need to agree this approach**. If they do, we will apply to NHS England in autumn 2020 to create a single CCG to **start in April 2021**.



Why change?

People with several health conditions can find that no one sees the whole picture or supports their individual needs

Some duplication in services, which is inefficient, and some gaps which can mean people don't get the treatment and care they need

There are lots of health and care service organisations which can be complicated to navigate

There's no single organisation with an overview of health needs of the whole of north east London, with the funding to deliver change

Our current system means health and care organisations can be competing - this can stop them working together in the wider interest of local people

Next steps

- See the plan as a working document rather than something that will sit on a shelf
- Develop a plain English summary and easy read version
- Maximise opportunities for engagement and involvement – for local people, health and care staff, and our partner organisations
- Agree an accountability framework with each part of our ICS in order that we are all clear on what is being delivered where
- Work more closely with our elected representatives, particularly to secure integrated service delivery and to provide independent scrutiny
- Report annually on progress and what we've achieved.