

# Agenda Item 9

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of David Coleman, Chief Legal Officer

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>23 January 2019</b>
Subject:	<b>NHS Long Term Plan</b>

## Summary:

On 7 January 2019, the NHS published the NHS Long Term Plan, which covers a ten year period. This report provides an overview of the Plan, and will enable the Committee to consider the next steps.

## Actions Required:

- (1) To note the publication of the NHS Long Term Plan.
- (2) To consider the next steps.

## 1. Background

### Introduction

On 7 January 2019, the NHS published the NHS Long Term Plan, which covers a ten year period. This report provides an overview of the Plan, and will enable the Committee to consider the next steps.

The NHS Long Term plan is available at the following link:

<https://www.longtermplan.nhs.uk/>

A summary is attached at Appendix A. In addition to the summary the Plan includes a chapter-by-chapter overview which is reproduced in the table below:

Chapter	Overview
One	<p><b>Chapter One sets out how the NHS will move to a new service model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting.</b> GP practices and hospital outpatients currently provide around 400 million face-to-face appointments each year. Over the next five years, every patient will have the right to online ‘digital’ GP consultations, and redesigned hospital support will be able to avoid up to a third of outpatient appointments - saving patients 30 million trips to hospital, and saving the NHS over £1 billion a year in new expenditure averted. GP practices - typically covering 30-50,000 people - will be funded to work together to deal with pressures in primary care and extend the range of convenient local services, creating genuinely integrated teams of GPs, community health and social care staff. Now expanded community health teams will be required under new national standards to provide fast support to people in their own homes as an alternative to hospitalisation, and to ramp up NHS support for people living in care homes. Within five years over 2.5 million more people will benefit from ‘social prescribing’, a personal health budget, and new support for managing their own health in partnership with patients’ groups and the voluntary sector.</p> <p>These reforms will be backed by a new guarantee that over the next five years, investment in primary medical and community services will grow faster than the overall NHS budget. This commitment – an NHS ‘first’ - creates a ringfenced local fund worth at least an extra £4.5 billion a year in real terms by 2023/24.</p> <p>We have an emergency care system under real pressure, but also one in the midst of profound change. The Long Term Plan sets out action to ensure patients get the care they need, fast, and to relieve pressure on A&amp;Es. New service channels such as urgent treatment centres are now growing far faster than hospital A&amp;E attendances, and UTCs are being designated across England. For those that do need hospital care, emergency ‘admissions’ are increasingly being treated through ‘same day emergency care’ without need for an overnight stay. This model will be rolled out across all acute hospitals, increasing the proportion of acute admissions typically discharged on day of attendance from a fifth to a third. Building on hospitals’ success in improving outcomes for major trauma, stroke and other critical illnesses conditions, new clinical standards will ensure patients with the most serious emergencies get the best possible care. And building on recent gains, in partnership with local councils further action to cut delayed hospital discharges will help free up pressure on hospital beds.</p>

Chapter	Overview
Two	<p><b>Chapter Two sets out new, funded, action the NHS will take to strengthen its contribution to prevention and health inequalities.</b> Wider action on prevention will help people stay healthy and also moderate demand on the NHS. Action by the NHS is a complement to - not a substitute for - the important role of individuals, communities, government, and businesses in shaping the health of the nation. Nevertheless, every 24 hours the NHS comes into contact with more than a million people at moments in their lives that bring home the personal impact of ill health. The Long Term Plan therefore funds specific new evidence-based NHS prevention programmes, including to cut smoking; to reduce obesity, partly by doubling enrolment in the successful Type 2 NHS Diabetes Prevention Programme; to limit alcohol-related A&amp;E admissions; and to lower air pollution.</p> <p>To help tackle health inequalities, NHS England will base its five year funding allocations to local areas on more accurate assessment of health inequalities and unmet need. As a condition of receiving Long Term Plan funding, all major national programmes and every local area across England will be required to set out specific measurable goals and mechanisms by which they will contribute to narrowing health inequalities over the next five and ten years. The Plan also sets out specific action, for example to: cut smoking in pregnancy, and by people with long term mental health problems; ensure people with learning disability and/or autism get better support; provide outreach services to people experiencing homelessness; help people with severe mental illness find and keep a job; and improve uptake of screening and early cancer diagnosis for people who currently miss out.</p>
Three	<p><b>Chapter Three sets the NHS's priorities for care quality and outcomes improvement for the decade ahead.</b> For all major conditions, results for patients are now measurably better than a decade ago. Childbirth is the safest it has ever been, cancer survival is at an all-time high, deaths from cardiovascular disease have halved since 1990, and male suicide is at a 31-year low. But for the biggest killers and disablers of our population, we still have unmet need, unexplained local variation, and undoubted opportunities for further medical advance. These facts, together with patients' and the public's views on priorities, mean that the Plan goes further on the NHS Five Year Forward View's focus on cancer, mental health, diabetes, multimorbidity and healthy ageing including dementia. But it also extends its focus to children's health, cardiovascular and respiratory conditions, and learning disability and autism, amongst others.</p> <p>Some improvements in these areas are necessarily framed as 10 year goals, given the timelines needed to expand capacity and grow the workforce. So by 2028 the Plan commits to dramatically improving cancer survival, partly by increasing the proportion of cancers diagnosed early, from a half to three quarters. Other gains can happen</p>

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	<p>sooner, such as halving maternity-related deaths by 2025. The Plan also allocates sufficient funds on a phased basis over the next five years to increase the number of planned operations and cut long waits. It makes a renewed commitment that mental health services will grow faster than the overall NHS budget, creating a new ringfenced local investment fund worth at least £2.3 billion a year by 2023/24. This will enable further service expansion and faster access to community and crisis mental health services for both adults and particularly children and young people. The Plan also recognises the critical importance of research and innovation to drive future medical advance, with the NHS committing to play its full part in the benefits these bring both to patients and the UK economy.</p> <p>To enable these changes to the service model, to prevention, and to major clinical improvements, the Long Term Plan sets out how they will be backed by action on workforce, technology, innovation and efficiency, as well as the NHS' overall 'system architecture'.</p>
Four	<p><b>Chapter Four sets out how current workforce pressures will be tackled, and staff supported.</b> The NHS is the biggest employer in Europe, and the world's largest employer of highly skilled professionals. But our staff are feeling the strain. That's partly because over the past decade workforce growth has not kept up with the increasing demands on the NHS. And it's partly because the NHS hasn't been a sufficiently flexible and responsive employer, especially in the light of changing staff expectations for their working lives and careers. However there are practical opportunities to put this right. University places for entry into nursing and medicine are oversubscribed, education and training places are being expanded, and many of those leaving the NHS would remain if employers can reduce workload pressures and offer improved flexibility and professional development. This Long Term Plan therefore sets out a number of specific workforce actions which will be overseen by NHS Improvement that can have a positive impact now. It also sets out wider reforms which will be finalised in 2019 when the workforce education and training budget for HEE is set by government. These will be included in the comprehensive NHS workforce implementation plan published later this year, overseen by the new cross-sector national workforce group, and underpinned by a new compact between frontline NHS leaders and the national NHS leadership bodies.</p> <p>In the meantime the Long Term Plan sets out action to expand the number of nursing and other undergraduate places, ensuring that well-qualified candidates are not turned away as happens now. Funding is being guaranteed for an expansion of clinical placements of up to 25% from 2019/20 and up to 50% from 2020/21. New routes into nursing and other disciplines, including apprenticeships, nursing associates, online qualification, and 'earn and learn' support, are all being backed, together with a new post-qualification employment guarantee.</p>

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	<p>International recruitment will be significantly expanded over the next three years, and the workforce implementation plan will also set out new incentives for shortage specialties and hard-to-recruit to geographies</p> <p>To support current staff, more flexible rostering will become mandatory across all trusts, funding for continuing professional development will increase each year, and action will be taken to support diversity and a culture of respect and fair treatment. New roles and inter-disciplinary credentialing programmes will enable more workforce flexibility across an individual's NHS career and between individual staff groups. The new primary care networks will provide flexible options for GPs and wider primary care teams. Staff and patients alike will benefit from a doubling of the number of volunteers also helping across the NHS.</p>
Five	<p><b>Chapter Five sets out a wide-ranging and funded programme to upgrade technology and digitally enabled care across the NHS.</b> These investments enable many of the wider service changes set out in this Long Term Plan. Over the next ten years they will result in an NHS where digital access to services is widespread. Where patients and their carers can better manage their health and condition. Where clinicians can access and interact with patient records and care plans wherever they are, with ready access to decision support and AI, and without the administrative hassle of today. Where predictive techniques support local Integrated Care Systems to plan and optimise care for their populations. And where secure linked clinical, genomic and other data support new medical breakthroughs and consistent quality of care. Chapter Five identifies costed building blocks and milestones for these developments.</p>
Six	<p><b>Chapter Six sets out how the 3.4% five year NHS funding settlement will help put the NHS back onto a sustainable financial path.</b> In ensuring the affordability of the phased commitments in this Long Term Plan we have taken account of the current financial pressures across the NHS, which are a first call on extra funds. We have also been realistic about inevitable continuing demand growth from our growing and aging population, increasing concern about areas of longstanding unmet need, and the expanding frontiers of medical science and innovation. In the modelling underpinning this Long Term Plan we have therefore not locked-in an assumption that its increased investment in community and primary care will necessarily reduce the need for hospital beds. Instead, taking a prudent approach, we have provided for hospital funding as if trends over the past three years continue. But in practice we expect that if local areas implement the Long Term Plan effectively, they will benefit from a financial and hospital capacity 'dividend'.</p> <p>In order to deliver for taxpayers, the NHS will continue to drive efficiencies - all of which are then available to local areas to reinvest in</p>

Chapter	Overview
	<p>frontline care. The Plan lays out major reforms to the NHS' financial architecture, payment systems and incentives. It establishes a new Financial Recovery Fund and 'turnaround' process, so that on a phased basis over the next five years not only the NHS as a whole, but also the trust sector, local systems and individual organisations progressively return to financial balance. And it shows how we will save taxpayers a further £700 million in reduced administrative costs across providers and commissioners both nationally and locally.</p>
Seven	<p><b>Chapter Seven explains next steps in implementing the Long Term Plan.</b> We will build on the open and consultative process used to develop this Plan and strengthen the ability of patients, professionals and the public to contribute by establishing the new NHS Assembly in early 2019. 2019/20 will be a transitional year, as the local NHS and its partners have the opportunity to shape local implementation for their populations, taking account of the Clinical Standards Review and the national implementation framework being published in the spring, as well as their differential local starting points in securing the major national improvements set out in this Long Term Plan. These will be brought together in a detailed national implementation programme by the autumn so that we can also properly take account of Government Spending Review decisions on workforce education and training budgets, social care, councils' public health services and NHS capital investment.</p> <p>Parliament and the Government have both asked the NHS to make consensus proposals for how primary legislation might be adjusted to better support delivery of the agreed changes set out in this LTP. This Plan does not require changes to the law in order to be implemented. But our view is that amendment to the primary legislation would significantly accelerate progress on service integration, on administrative efficiency, and on public accountability. We recommend changes to: create publicly-accountable integrated care locally; to streamline the national administrative structures of the NHS; and remove the overly rigid competition and procurement regime applied to the NHS.</p> <p>In the meantime, within the current legal framework, the NHS and our partners will be moving to create Integrated Care Systems everywhere by April 2021, building on the progress already made. 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 ICSs, commissioners will make shared decisions with providers on population health, service redesign and Long Term Plan implementation.</p>

## 2. Health Scrutiny Committee Topics Covered in NHS Long Term Plan

In this section of the report, extracts from the NHS Long Term Plan are set out where they relate to the main topics considered by the Health Scrutiny Committee in the last year.

Topic	Extract from NHS Long Term Plan
A&E	<p><b>Under this Long Term Plan, every acute hospital with a type 1 A&amp;E department will move to a comprehensive model of Same Day Emergency Care. This will increase the proportion of acute admissions discharged on the day of attendance from a fifth to a third.</b> At the same time we should not see the proportion of non-SDEC zero length of stay admissions rise. Hospitals will also reduce avoidable admissions through the establishment of acute frailty services, so that such patients can be assessed, treated and supported by skilled multidisciplinary teams delivering comprehensive geriatric assessments in A&amp;E and acute receiving units. The SDEC model should be embedded in every hospital, in both medical and surgical specialties during 2019/20.</p>
Adult Mental Health Services	<p><b>The Long Term Plan makes a renewed commitment to grow investment in mental health services faster than the NHS budget overall for each of the next five years.</b> The NHS in England is already meeting the goal set in the recently launched Lancet Commission on Global Mental Health that high income countries should be spending at least 10% of their health services budget on mental health<sup>144</sup>, and NHS England will be the only major Western health service to have made and sustained such a funding pledge for what will have been eight years by 2023/24. <b>NHS England’s renewed pledge means 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.</b> As a result mental health investment will be growing faster over the next five years than over the past five years. It is also the ‘floor’ level of uplift now being set nationally, and we expect it will be further increased by local investment decisions. We will ensure this translates into additional funding for frontline services, including locally agreed spending and delivery plans signed-off by commissioners and providers.</p>

Topic	Extract from NHS Long Term Plan
Ambulance Services	<p>Ambulance services are at the heart of the urgent and emergency care system. We will work with commissioners to put in place timely responses so patients can be treated by skilled paramedics at home or in a more appropriate setting outside of hospital. We will implement the recommendations from Lord Carter’s recent report on operational productivity and performance in ambulance trusts, ensuring that <b>ambulance services</b> are able to offer the most clinically and operationally effective response. We will continue to work with ambulance services to eliminate hospital handover delays. We will also increase specialist ambulance capability to respond to terrorism. Capital investment will continue to be targeted at fleet upgrades, and NHS England will set out a new national framework to overcome the fragmentation that ambulance services have experienced in how they are locally commissioned.</p>
Cancer: Early Diagnosis	<p><b>This Long Term Plan sets a new ambition that, by 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise from around half now to three-quarters of cancer patients.</b> Achieving this will mean that, from 2028, 55,000 more people each year will survive their cancer for at least five years after diagnosis. We will build on work to raise greater awareness of symptoms of cancer, lower the threshold for referral by GPs, accelerate access to diagnosis and treatment and maximise the number of cancers that we identify through screening. This includes the use of personalised and risk stratified screening and beginning to test the family members of cancer patients where they are at increased risk of cancer.</p>
Cancer: Diagnosis Standard	<p><b>We will begin introducing a new faster diagnosis standard from 2020 to ensure most patients receive a definitive diagnosis or ruling out of cancer within 28 days of referral from a GP or from screening.</b> For people diagnosed with cancer, it will mean they can begin their treatment earlier. For those who aren’t, this will put their minds at rest more quickly at a very stressful time. To support the delivery of the new standard, we will align our Cancer Alliances with STP and ICS footprints and NHS England and NHS Improvement regions. They will implement a new timed diagnostic pathway for specific cancers, building on the timed pathways already being introduced in lung, colorectal and prostate cancer. Data collection for all patients will start in 2019, with full monitoring against the standard beginning in April 2020, and performance ramping up as additional diagnostic capacity comes online.</p>

Topic	Extract from NHS Long Term Plan
Cancer: Treatment	<p><b>Safer and more precise treatments including advanced radiotherapy techniques and immunotherapies will continue to support improvements in survival rates.</b> We will complete the £130 million upgrade of radiotherapy machines across England and commission the NHS new state-of-the-art Proton Beam facilities in London and Manchester. Reforms to the specialised commissioning payments for radiotherapy hypofractionation<sup>1</sup> will be introduced to support further equipment upgrades. Faster, smarter and effective radiotherapy, supported by greater networking of specialised expertise, will mean more patients are offered curative treatment, with fewer side effects and shorter treatment times. Starting with ovarian cancer, we will ensure greater access to specialist expertise and knowledge in the treatment of cancers where there are fewer or more risky treatment options.</p>
Cancer: Care Planning	<p><b>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.</b> This will be delivered in line with the NHS Comprehensive Model for Personalised Care. This will empower people to manage their care and the impact of their cancer, and maximise the potential of digital and community-based support. Over the next three years every patient with cancer will get a full assessment of their needs, an individual care plan and information and support for their wider health and wellbeing. All patients, including those with secondary cancers, will have access to the right expertise and support, including a Clinical Nurse Specialist or other support worker.</p>
Cancer: After Care	<p><b>After treatment, patients will move to a follow-up pathway that suits their needs, and ensures they can get rapid access to clinical support where they are worried that their cancer may have recurred.</b> This stratified follow-up approach will be established in all trusts for breast cancer in 2019, for prostate and colorectal cancers in 2020 and for other cancers where clinically appropriate by 2023. From 2019, we will begin to introduce an innovative quality of life metric – the first on this scale in the world – to track and respond to the long-term impact of cancer.</p>

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<sup>1</sup> **Hypofractionated** radiotherapy is increasingly being used to treat cancer. For this radiation treatment, the total dose of radiation is divided into large doses and treatments are given once a day or less often. **Hypofractionated** radiotherapy is given over a shorter period of time than standard radiation therapy. (Source – British Institute of Radiology)

Topic	Extract from NHS Long Term Plan
Rurality	We will develop a <b>standard model of delivery in smaller acute hospitals who serve rural populations</b> . Smaller hospitals have significant challenges around a number of areas including workforce and many of the national standards and policies were not appropriately tailored to meet their needs. We will work with trusts to develop a new operating model for these sorts of organisations, and how they work more effectively with other parts of the local healthcare system.
Urgent Treatment Centres	<b>We will fully implement the Urgent Treatment Centre model by autumn 2020 so that all localities have a consistent offer for out-of-hospital urgent care, with the option of appointments booked through a call to NHS 111.</b> UTCs will work alongside other parts of the urgent care network including primary care, community pharmacists, ambulance and other community-based services to provide a locally accessible and convenient alternative to A&E for patients who do not need to attend hospital.
Workforce	<p><b>This Long Term Plan sets out a number of specific workforce actions developed by NHS Improvement and others that can have a positive impact now. The Plan also sets out our wider reforms for the NHS workforce which will be finalised by NHS Improvement and the Department of Health and Social Care when the education and training budget for HEE is set in 2019.</b></p> <p>As a service, we will now take sustained and concerted action to:</p> <ul style="list-style-type: none"> <li>• ensure we have enough people, with the right skills and experience, so that staff have the time they need to care for patients well;</li> <li>• ensure our people have rewarding jobs, work in a positive culture, with opportunities to develop their skills and use state of the art equipment, and have support to manage the complex and often stressful nature of delivering healthcare;</li> <li>• strengthen and support good, compassionate and diverse leadership at all levels – managerial and clinical – to meet the complex practical, financial and cultural challenges a successful workforce plan and Long Term Plan will demand.</li> </ul>

### 3. Consultation and Conclusion

Local health systems will be expected to consult on their own versions of the NHS Long Term Plan during 2019. The Health Scrutiny Committee is requested to note the publication of the NHS Long Term Plan and consider the next steps in terms of its own work programme.

**Background Papers** - No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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