

The NHS Long Term Plan

**How we plan to deliver on
our commitments**

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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 15 November we submitted our document to NHS England as a draft because of the pre-election purdah period.
- This draft is now on our website www.eastlondonhcp.nhs.uk/ourplans/ to allow people the opportunity to have their say on the content.
- A summary version is in development and will be shared online.

Engagement On The Plan



- The plan is a working document, and we are also developing a plain English summary and easy read version
- Undertaking formal engagement on our LTP response at key stakeholder meetings: ELHCP and CCG forums, Health & Wellbeing Boards, Integrated Care Partnerships, Overview and Scrutiny Committees and Provider Boards
- Reviewing our commitments across the LTP and developing tailored engagement plans for our programmes
- A rolling lunch and learn programme for CCG staff, to be extended to provider and local authority teams
- Engagement through an ELHCP public newsletter and the launch of a regular stakeholder briefing

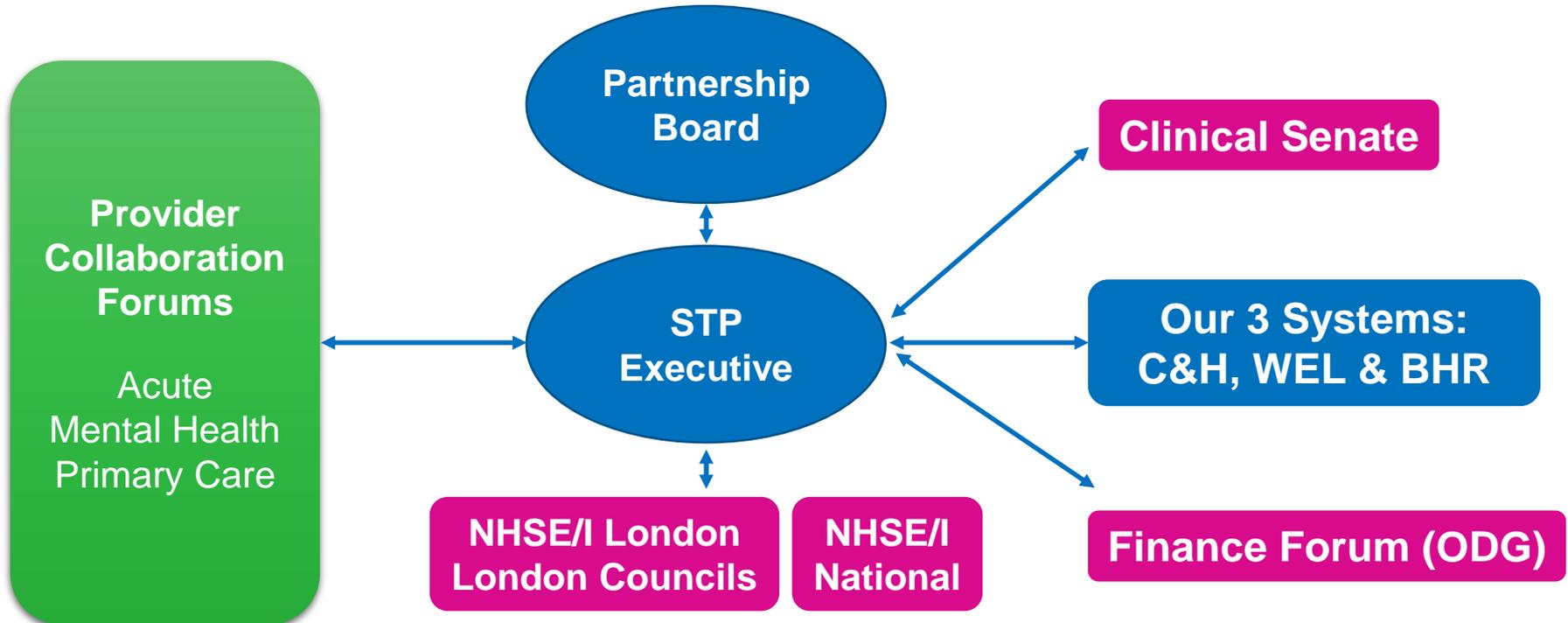
Delivery and reporting

- 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

The following slides highlight our planned high-level governance and programme approach, as well as existing progress reporting and planned trajectories

Our governance (at high level)

Bringing together the way we work at a north east London level



Programmes

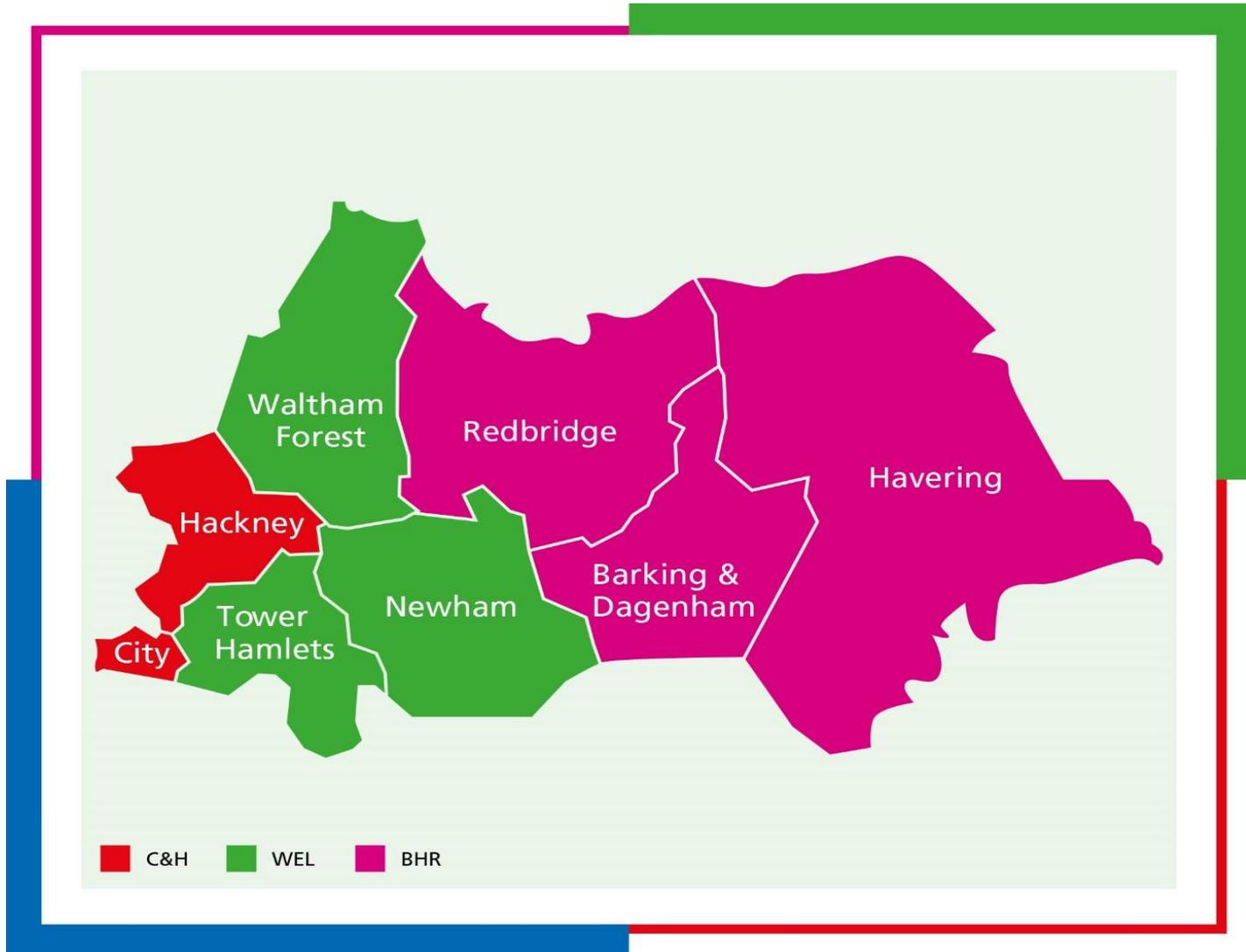
Improving population health

Priority areas for improving outcomes

System change and integration

Enablers

Our three Local Systems



Visual representation of how our system works



Our basic principle is that decisions about health and care take place closest to the resident/family as possible, and only where there is good reason to do so will programmes operate at NEL level.

We will need to recognise that NEL ICS will be the vehicle for Transformation Funding, and therefore need a governance process to reflect this going forward.

Programmes of work

Improving Population Health

- Prevention
- Health inequalities
- Wider determinants of health e.g. housing, poverty
- Personalised care

System Change And Integration

- Primary/community care
- Urgent and emergency care
- Improving planned care and outpatients
- Provider collaboration
- Mental health

Priority Areas for Improving Outcomes

- Cancer
- Learning disabilities and autism
- Children and young people
- Maternity
- Medicines optimisation
- Major LTCs
- End of life care

Enablers Supporting Work Programmes

- Workforce
- Digital
- Estates
- Demand and capacity – business intelligence
- Research and innovation

Improving population health

Population Health

Developing an ELHCP approach to population health will be a priority during 2020, with the following activities planned:

- An in-depth review into how we can strategically influence the development of new infrastructure, particularly around areas of significant re-generation, to maximise the population health impact. This will be brought through our ELHCP forums in January, with an STP Executive discussion planned for February.
- A review and re-launch of our prevention work stream through a workshop with Directors of Public Health during January.
- We will be bringing a proposed outline approach to population health to the STP Executive in March, taking into account best practice from national and regional work. There is also a planned engagement event in June, at which prevention and population health will be a headline topic.

Personalisation

- A review is currently underway to align the personal health budgets (PHBs) and social prescribing elements of the programme more closely. This will result in a new personalisation group across ELHCP from February, and there will be an event in March. We have also secured a resource from NHSE/I to assist us with this alignment going forward.
- A specific programme to improve the take up of PHBs in the BHR system will go live during January 2020, and it is hoped to extend learning from this initiative (with NELFT) at our stakeholder event.
- We propose an in-depth review of the personalisation programme at the April STP Executive.

System change and integration

Primary and Community Care

- Developed 48 Primary Care Networks (PCNs) across NEL
- Support by targeted organisational development and transformation funding
- Digital accelerator programme for WEL system established, as well as training hub board for PCN workforce

Improving Planned Care and Outpatients

- Range of improvement actions being implemented
- Performance vs constitutional standards (RTT/Diagnostics) challenged at BH & BHRUT.

Urgent and Emergency Care

- Current focus on managing winter pressures through funded support initiatives
- Ensuring grip during winter through VIPER meetings and following activities: working to right time/right place by digital assessment, bookings & communications, expanding appropriate care pathways criteria and further UEC integration testing.

Mental Health

- Good progress developing LTP for mental health and transformation plans via funding
- Challenges persist in achieving IAPT trajectories, CYP, out of area placements and perinatal access across parts of NEL

Priority areas for improving outcomes

Better start in life

- Mature local maternity system meeting national trajectories; no current midwifery vacancies
- Plans for ongoing CPD via cross-site rotational programmes to further support retention
- Review current/future activity across sites to develop sustainable maternity/neonatal service
- Children/young people's programme managing transitions into adult services priority for 2020 together with developing personalised care

Living well and long term conditions management

- Cancer focusing on smooth transition to new north east London operating model, but will need to ensure performance metrics return to trajectory during Q4
- Diabetes transformation funds successfully utilised, diabetes dashboard showing improvements across NEL on key metrics
- Cardiovascular prevention group in development, to share learning and support systems to prepare for STP-level transformation funding
- Medicines optimisation supported many transformation projects and plans greater links with primary care networks to enhance recruitment/retention of pharmacy workforce in PCNs.

A better end to life

- Local hospices to receive non-recurrent allocation of £875k to improve adults/children's end of life services.
- ELHCP match-funding bid for children's end of life care made to NHS E/I (awaiting outcome).

Enablers supporting work programmes

Workforce, Digital and Estates: ELHCP has well developed enabler programmes, with delivery across a range of initiatives. Main areas to highlight are:

- **Digital:** maximising impact of ‘One London’ investment will be priority area, as well as preparing organisations for introducing Patient Held Records
- **Estates:** introducing infrastructure plan and phased capital pipeline key priorities. Also ensuring development of health promoting environments at forefront of strategic planning approaches for NEL “new town” developments.
- **Workforce:** excellent progress implementing initiatives with stakeholders but scale of the recruitment and retention challenges remain significant with detailed STP Executive review in March 2019 and consideration to be given on how support and progress can be monitored on an ongoing basis given the importance of this enabler programme.

Demand and Capacity – Business Intelligence

- Strategic planning currently happening individually by providers, and the Provider Collaboration forums have identified that there is a gap at system level.
- A demand and capacity mapping across all of NEL has been agreed, commencing in January 2020 initially focusing on acute services and taking into account population growth projections for the next 10-20 years.
- This mapping will be expanded to mental health and community services over the next few months.

Metrics Reporting

Outline of metrics by programme area

The metrics are currently based on planned trajectories, existing baseline monitoring and tracking to begin in early 2020

Improving Population Health: Funding And Metrics

Ref	Measure	Area	Target	Compliant
EN1	Personal health budgets	PHB	Varies by CCG	Y
EN3	Personalised care and support planning	PHB	Varies by CCG	Y
EN2	Social prescribing referrals*	Social Prescribing	Varies by CCG	N

Enablers Supporting Work Programmes: Metrics

Ref	Measure	Area	Target	Compliant
ED21	Cybersecurity	Digital	100% by Y5	Y

- * Referrals below trajectory due to lower than expected forecast numbers of link workers in place. Review of recruitment and retention of link workers to take place, reporting to February ELHCP personalisation group

System change and integration: Primary care and acute services metrics

Ref.	Measure	Area	Target	Compliant
ED16	Proportion population with access to online consultations	Pcare	75%	Y
ED20	Proportion population registered to use NHSApp	Pcare	30%	Y
EK3	Learning Disability Registers/Annual Health Checks by GPs	Pcare	75%	Y

Ref.	Measure	Area	Target	Compliant
EM23	Ambulance Conveyance to ED	Acute	TBC	N/A
EM24	Delayed Transfers of Care	Acute	National Level	Y
EM25	Length of stay for patients in hospital for over 21 days	Acute	TBC	Y
EM16	Mental Health Liaison in general hospitals meet “core 24” service standard	Acute	70% in 23/24	Y

System change and integration: Mental health metrics

Ref.	Measure	Area	Target	Compliant
EA3	IAPT roll-out *	MH	50%	N
EH9	Access Children/Young People's Mental Health Services	MH	Varies by CCG	Y
EH12	Inappropriate adult mental health Out of Area bed days	MH	0 from 2021/22	Y
EH13	Annual physical health check in severe mental illness	MH	60%	Y
EH15	Women accessing specialist perinatal mental health service	MH	TBC	Y
EK1a	Inpatient care learning disability/autism: CCG commissioned	MH	<30	Y
EK1b	Inpatient care learning disability/autism: Sp Com commissioned	MH	<30	Y
EK1c	Inpatient care learning disability/autism: CCGs/NHS England for children	MH	15 children <30	Y
EH17	People accessing Individual Placement and Support	MH	TBC	Y
EH18	EIP Services achieving Level 3 NICE concordance	MH	95% by 23/24	Y
EH19	People receiving new models integrated primary/community care for severe mental illness	MH	Varies by CCG	Y
EH20	24/7 crisis provision for children and young people	MH	100% by 23/24	Y

* Review of prevalence to take place, as NEL has higher prevalence and greater IAPT trajectories based on most recent calculations. Appraisal and benchmarking of NEL IAPT services (finance and service model) to be undertaken, including benchmarking against other services, to understand variance against trajectory.

Priority areas for improving outcomes: Metrics

Ref.	Measure	Area	Target	Compliant
ES1	Patients directly admitted to stroke unit within 4 hours	Acute	80% 23/24	Y
ES2	Applicable stroke patients are assessed at 6 months*	Acute	>60% 23/24	N
ER1	People supported by NHS Diabetes Prevention Programme	Diabetes	Varies by CCG	Y
EP1	One Year Survival from Cancer	Cancer	Set by CA	Y
EP2	Proportion of cancers diagnosed at stages 1 or 2	Cancer	Set by CA	Y
EQ1	Still birth rate	LMS	TBC	Y
EQ2	Neo-natal mortality rate	LMS	TBC	Y
EQ3	Percentage of women placed on a maternity continuity of care pathway	LMS	TBC	Y
EQ	Brain Injury Rate	LMS	Undefined	Y

* It is expected that there will be compliance against this trajectory from 20/21 onwards. There will be a review of reporting on this metric via the stroke database (SNAP), as well a review of post-discharge stroke pathways and service capacity, to provide assurance of future compliance against this metric.