Item No. 9

SUNDERLAND HEALTH AND WELLBEING BOARD 28 November 2014

NHS ENGLAND 5 YEAR FORWARD VIEW

Lead Officer: David Gallagher, Chief Officer, Sunderland CCG

1. Purpose

The purpose of this report is to provide an overview of the key points outlined in the 5 Year Forward View published by NHS England in October 2014.

2. Background

The NHS Five Year Forward View was published by NHS England on 23 October 2014 and sets out a vision for the future of the NHS. It has been developed by the partner organisations that deliver and oversee health and care services including NHS England, Public Health England, Monitor, Health Education England, the Care Quality Commission and the NHS Trust Development Authority.

Patient groups, clinicians and independent experts have also provided their advice to create a collective view of how the health service needs to change over the next five years if it is to close the widening gaps in the health of the population, quality of care and the funding of services.

The purpose of the Five Year Forward View is to articulate why change is needed, what that change might look like and how it can be achieved. It describes various models of care which could be provided in the future, defining the actions required at local and national level to support delivery. Everyone will need to play their part – system leaders, NHS staff, patients and the public – to realise the potential benefits for us all. It covers areas such as disease prevention; new, flexible models of service delivery tailored to local populations and needs; integration between services; and consistent leadership across the health and care system.

The Five Year Forward View starts the move towards a different NHS, recognising the challenges and outlining potential solutions to the big questions facing health and care services in England. It defines the framework for further detailed planning about how the NHS needs to evolve over the next five years.

3. Overview of NHS England 5 Year Forward View

General Overview

The forward view outlines that a radical upgrade in prevention and public health is needed and that NHS England will back hard hitting national action on obesity, smoking, alcohol and other major health risks.

The plan also outlines that strong public health related powers for local government and elected mayors will be given to enable local decisions.

Patients will also gain far greater control of their own care and there is a need to break down barriers in how care is provided across the health care economy.

There will be a focus on supporting people with multiple health conditions, rather than single diseases, however, there is recognition that one size will not fit all and so local health economies will be supported to choose from a small number of radical new care delivery options such as:

- Multispecialty Community Providers – Groups of GPs combining with nurses and other community health services, hospital specialist and perhaps mental health and social care to create integrated out-of-hospital care potentially employing hospital consultants, having admitting rights to hospital beds, running community hospitals or taking delegated control of the NHS budget.
- Primary and Acute Care Systems – The integrated hospital and primary care provider.
- Urgent & emergency care networks – Urgent and emergency care units re-designed to integrate between A&E departments, GP out of hours services, urgent care centres, NHS 111 and ambulance services.
- Viable smaller hospitals - Smaller hospitals having new options to help them remain viable, including forming partnerships with other hospitals further afield and partnering with specialist hospitals to provide more local services.
- Specialised care – Specialised services to develop networks of services over a geography, integrating different organisation and services around patients using innovations such as prime contracting and / or delegated capitated budgets.
- Modern Maternity Services – NHS England will commission a review of future models for maternity services and midwives will have new options to take charge of the maternity services they offer.
- Enhanced care in care homes – new models of in-reach support, including medical reviews, medication reviews and rehab services.

In all cases one of the most important changes will be to expand and strengthen primary and out of hospital care.

There will also be a ‘New deal’ for GPs with more investment for Primary Care to upgrade the primary care infrastructure and scope of services, new funding through the Challenge scheme to support new ways of working and improved access to services and new options to encourage GP retention.

New funding will be committed to promote Dementia research and treatment and initiatives such as dementia friendly communities will be fully supported. The NHS ambition is to offer a consistent standard of support for patients newly diagnosed with dementia including named clinicians, proper care plans and the option of personal budgets

Genuine parity of esteem between physical and mental health is to be achieved by 2020. Providing new funding can be made available, the aim is to improve waiting times by 2020 to 95% of people referred for psychological therapies being seen within 6 weeks and those experiencing a first episode of psychosis to do so within a fortnight. Access standards will also be expanded to cover a comprehensive range

of mental health services, including children's services, eating disorders, and those with bipolar conditions.

Engaging Communities
Better support for carers – new ways will be found to support carers building on the new rights created by the Care Act including new volunteer programmes to help carers in crisis.

Encouraging community volunteering – the LGA have made proposals that volunteers should receive a 10% reduction in their council tax bill and are considering accrediting volunteers, ensuring they become part of the extended NHS family.

Stronger partnerships with charitable and voluntary sector organisations – Reduced time and complexity to secure local NHS funding by developing short national alternative to NHS contracts where grant funding is more appropriate.
NHS England will actively support national action to include clear information and labelling, targeted personal support and wider changes to distribution, marketing, pricing and product formulation.

NHS Structure & Leadership
There is no appetite for a wholesale structural reorganisation. The default assumption is that changes in local organisational configurations should arise only from local work to develop the new care models described above, or in response to clear local failure and the resulting implementation of special measures.

CCGS will also have the option of more control over the NHS Budget ranging from primary to specialised care and there should be consideration of local joint commissioning models between the NHS and Local Authority including integrated personalised commissioning as well as Better Care Fund style pooling budgets where appropriate.

A new risk based CCG assurance regime will be developed which will lighten the assurance reporting burden from highly performing CCGs whilst setting out a new 'special measures' support regime for those that are struggling.

Greater alignment between Monitor, TDA and NHS England which will complement the work of CQC and HEE including more joint working at a local level.

There will be local democracy on public health with local powers to LA's and elected mayors to allow local democratic decisions on public health policy and the NHS will play its part through Health & Wellbeing Boards. The NHS has a distinct role in secondary prevention, proactive primary care is central to this.

NHS as an Employer
The NHS is to set a national example including:

- Cutting access to unhealthy products on NHS premises
- Implementing food standards, including healthy options for night staff
- Support active travel schemes for staff

- Promote workplace wellbeing charter, the Global Corporate challenge and TUCS better health and work initiative, ensure NICE guidance on promoting healthy workplace is implemented particularly for mental health,
- Voluntary work based health and wellbeing programmes
- Strengthen occupational health

Supporting a modern workforce
NHS England, supported by Health Education England (HEE) will address immediate workforce gaps in key areas and put in place new measures to support employers to retain and develop their existing staff identifying education and training needs of current workforce.

Consideration will be taken of the most appropriate employment arrangements to enable current staff to work across organisational and sector boundaries.
Development of new health and care roles will be taken forward through the HEE's leadership of the implementation of the Shape of Training review for the medical profession and the 'Shape of Care' review for the nursing profession.

Exploiting the Information Revolution
National Information Board established which will publish 'road maps' laying out who will do what to transform digital care. Key elements include:

- Comprehensive transparency of performance data
- Expanded set of NHS accredited health apps for patients to use to manage their own care
- Fully interoperable electronic health records with patient access to write into them.
- Family doctor appointment and electronic and repeat prescribing available routinely online everywhere
- Bringing together audit data to support quality improvement
- Better use of technology such as smartphones

Accelerating health innovation
Steps taken by NHS England to speed innovation will include:

- Reducing costs of conducting randomised controlled trials (RCT)
- Expansion of the £15m a year 'Commissioning through evaluation' and early access to medicines programmes
- Consultation on a new approach for the Cancer Drugs Fund
- Development of a small number of test bed sites alongside Academic health science network and centres to serve as real world sites for combinatorial innovations that integrate new technologies, bioinformatics, new staffing models and payment for outcomes.
- Exploring the development of health and care 'new towns'.

Sustainability
To sustain a high quality NHS, action is needed in relation to the following three elements. Less impact on any one of them will require compensating action on the other two.

- Demand - A more activist prevention and public health agenda: greater support for patients, carers and community organisations; and new models of

primary and out-of hospital care. While the positive effects of these will take some years to show themselves in moderating the rising demands on hospitals, over the medium term the results could be substantial. Their net impact will however also partly depend on the availability of social care services over the next five years.

- Efficiency - The ambition is for the NHS to achieve 2% net efficiency gains each year for the rest of the decade – possibly increasing to 3% over time. Requires investment in new care models and would be achieved by a combination of "catch up" (as less efficient providers matched the performance of the best), "frontier shift" (as new and better ways of working are achieved by the whole sector), and moderating demand increases which would begin to be realised towards the end of the second half of the five year period (partly as described in chapter two).

- Funding - Flat real terms NHS spending per person would take account of population growth. Flat NHS spending as a share of GDP would differ from the long term trend in which health spending in industrialised countries tends to rise a share of national income.

  Depending on the combined efficiency and funding option pursued, the effect is to close the £30 billion gap by one third, one half, or all the way.
  - In scenario one, the NHS budget remains flat in real terms from 2015/16 to 2020/21, and the NHS delivers its long run productivity gain of 0.8% a year. The combined effect is that the £30 billion gap in 2020/21 is cut by about a third, to £21 billion.
  - In scenario two, the NHS budget still remains flat in real terms over the period, but the NHS delivers stronger efficiencies of 1.5% a year. The combined effect is that the £30 billion gap in 2020/21 is halved, to £16 billion.
  - In scenario three, the NHS gets the needed infrastructure and operating investment to rapidly move to the new care models and ways of working described in this Forward View, which in turn enables demand and efficiency gains worth 2%-3% net each year. Combined with staged funding increases close to 'flat real per person' the £30 billion gap is closed by 2020/21.

Decisions on these options will need to be taken in the context of how the UK economy overall is performing, during the next Parliament.

4. Sunderland Position

An initial assessment of the degree of "fit" between the current plans within Sunderland to the requirements of the Five Year Forward View are summarised below:

NHS Forward View Requirement	Sunderland Position
Radical upgrade in prevention and public health	Enabling self-care and sustainability is one of the 3 strategic objectives for the CCG. Public Health continue to focus on prevention including the development of a wellness model.
Radical new delivery options including: • Multispecialty community providers • Primary and acute care systems • Urgent and emergency care networks • Viable smaller hospitals • Specialised care • Modern maternity services • Enhanced care in care homes	The CCG have a focus on developing multispecialty community providers through the work on integrated community locality teams as opposed to the integrated hospital and primary care provider model. A service specification has now been developed for maternity services at CHSFT. This was in draft form in 2014/15 with a view to being formally implemented in 2015/16. The pilot for enhanced care in care homes has been in operation in the coalfields locality for some time with a view that this will be rolled out city wide.
Requirement to expand and strengthen primary and out of hospital care is fundamental.	In addition to the work outlined above, the CCG have initially agreed that wider primary care should be a specific workstream moving forward into 2015/16.
New deal for GPs including investment to upgrade primary care infrastructure.	Significant programme of work underway to strengthen the IT infrastructure of primary care led by the CCG. Funding provided to support the development of the GP Alliance across Sunderland. Awaiting further information on specific investments nationally.
Dementia friendly communities will be fully supported nationally.	The development of dementia friendly communities has been a key transformational change for the CCG with a pilot in Houghton Town centre underway.
Consistent standard of support for patients diagnosed with dementia including named clinicians, proper care plans and the option of personal budgets.	This will be delivered through the Integration in the Localities.

Genuine parity of esteem between physical and mental health to be achieved by 2020	The CCG have strong evidence of parity of esteem being integral to health and care planning and have demonstrated evidence against all 12 requirements (outlined within the Strategic Plan).
95% of people referred for psychological therapies to be seen within 6 weeks and those requiring a first episode of psychosis to be seen within a fortnight.	The CCG feel this will be achieved within the next 12 months.
Better Support for carers building on the rights outlined in the Care Act.	We continue to support carers including the implementation of a carers innovation scheme to improve the identification, registration and support offered to carers within the GP practice and encourage onward referral to the Sunderland Carers centre if appropriate.
Stronger partnerships with charitable and voluntary sector organisations by developing short national alternative to NHS contracts where grant funding is more appropriate.	The CCG have a number of services which are funded via grants as opposed to NHS contracts. Awaiting further national guidance on this.
CCGs to co-commission primary care	Further guidance has now been issued with a requirement for CCGs to further develop delegated commissioning proposals for submission 9th January 2015 with arrangements implemented from 1st April onwards. To begin this work in Sunderland the CCG Governing Body is discussing this in two development sessions in November and December.
NHS as an employer to set national example including: • Cutting access to unhealthy products on NHS premises; • Implementing food standards, including healthy options for night staff; • Support active travel schemes for staff; • Promote workplace wellbeing charter etc; • Voluntary based health and wellbeing programmes; • Strengthen occupational health.	Consideration of a piece of work to review all NHS employers against these criteria.
Efficiency – NHS to achieve 2% net	Based on history 1.5% net efficiency

efficiency gains each year for the rest of the decade – possibly increasing to 3% over time.	should be achievable. 2% represents an ambitious target. Fundamental to achievement will be delivery of new care models which in turn would require "non recurred" pump priming monies in order to facilitate change. The CCG's plans already acknowledge and incorporate new models of care focussing on reducing demand in the acute sector. Non recurrent funding has also been set aside to finance this substantial "modernisation/change" agenda.

5. Conclusion

From reviewing the key points outlined in the 5 year forward view, it is clear that the CCG priorities are generally aligned with those directed nationally as outlined above.
Although the redesign of maternity services has not been identified as a transformational change for the CCG moving forward, a service specification was developed and implemented as part of the contract with City Hospitals Sunderland in draft form in 2014/15. The specification has been refined taking into consideration feedback from the recent CQC visit to the Trust and will be implemented formally as part of the 2015/16 contract. An additional note will be included in the service specification referring to the need to review following the publication of national recommendations for maternity services in summer 2015.
It is recommended that a specific piece of work focused on the CCG and partners as NHS Employers is considered to ensure all local health and care organisations meet the requirements nationally.

6. Recommendations

The Board is asked to:

- Note the key points of the NHS England 5 year forward view
- Note how current and planned work fits within the Five Year Forward View
- Support additional work necessary, including ensuring all local NHS organisations meet the recommendations outlined in this report.

Author Lynsey Caizley
Head of Programme Management

Director Debbie Burnicle
Director of Commissioning, Planning and Reform

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