



Clinical Commissioning Group



Health and Wellbeing Board
23 April 2019

Report from Brent CCG

Update on the NHS Long-Term Plan

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
No. of Appendices:	None
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Jonathan Turner, Deputy Managing Director, Brent CCG

1.0 Purpose of the Report

- 1.1 To provide an update to the Board regarding the key developments in the NHS Long-Term Plan and initial steps that are taking place in North West London to develop and deliver that plan.
- 1.2 This will include plans for public engagement, the development of an Integrated Care System (ICS) in North West London by 2021, the move to a single CCG and a summary of the over-arching programme areas that we will be working on. The report also covers the funding settlement for the NHS and implications on local delivery.

2.0 Recommendation(s)

- 2.1 The Health & Wellbeing Board are asked to comment on the update and the proposed priorities for 2019/20.

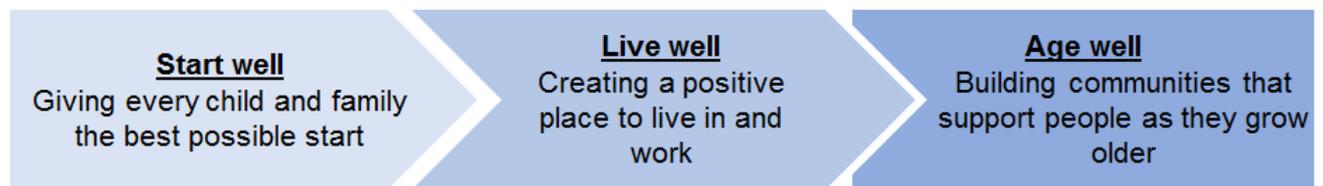
3.0 Background

- 3.1 The NHS Long-Term Plan was published on 7th January 2019 after a short delay, and sets out the strategic direction for the NHS over the next 10 years. It contains a number of high-level deliverables, together with a 5-year funding settlement for 2019-2024.
- 3.2 The blueprint to make the NHS fit for the future will use the latest technology, such as digital GP consultations for all those who want them, coupled with early detection and a renewed focus on prevention to stop an estimated 85,000 premature deaths each year.

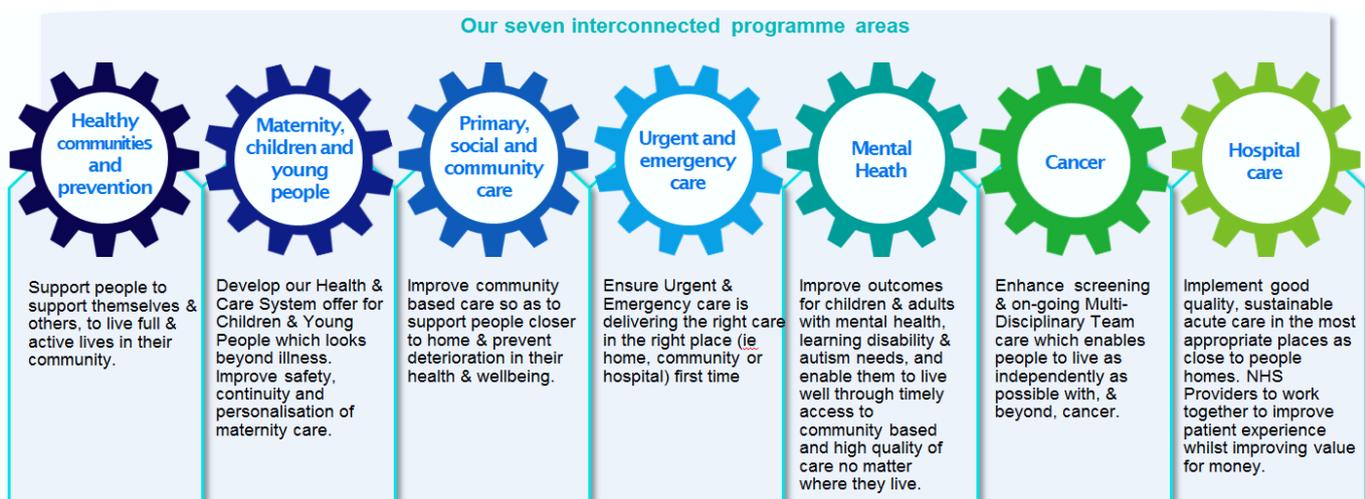
- 3.3 Measures outlined by NHS leaders today will help prevent 150,000 heart attacks, strokes and dementia cases while more than three million people will benefit from new and improved stroke, respiratory and cardiac services over the next decade.
- 3.4 Patients will benefit from services ranging from improved neonatal care for new parents and babies to life-changing stroke therapy and integrated support to keep older people out of hospital, living longer and more independent lives.
- 3.5 The NHS Long Term Plan is also the first time in the NHS' 70 year history when there will be a new guarantee that investment in primary, community and mental health care will grow faster than the growing overall NHS budget. This will fund a £4.5 billion new service model for the 21st century across England, where health bodies come together to provide better, joined up care in partnership with local government.
- 3.6 The commitment to tackle major physical conditions comes alongside the biggest ever investment in mental health services rising to at least £2.3 billion a year by 2023/24. Building on significant expansion in recent years, the long term plan will see around two million more people who suffer anxiety, depression or other problems receive help over the next decade including new dads as well as mums, and 24 hour access to crisis care via NHS 111.
- 3.7 The NHS Long Term Plan will also:
- Open a digital 'front door' to the health service, allowing patients to be able to access health care at the touch of a button
 - Provide genetic testing for a quarter of people with dangerously high inherited cholesterol, reaching around 30,000 people
 - Give mental health help to 345,000 more children and young people through the expansion of community based services, including in schools
 - Use cutting edge scans and technology, including the potential use of artificial intelligence, to help provide the best stroke care in Europe with over 100,000 more people each year accessing new, better services
 - Invest in earlier detection and better treatment of respiratory conditions to prevent 80,000 hospital admissions and smart inhalers will be piloted so patients can easily monitor their condition, regardless of where they are
 - Ensure every hospital with a major A&E department has 'same day emergency care' in place so that patients can be treated and discharged with the right package of support, without needing an overnight stay.

4.0 Implementation of 10 Year Plan Programmes in North West London

- 4.1 The NHS Long Term Plan is a new national plan for the NHS to improve the quality of patient care and health outcomes. The plan focuses on building an NHS fit for the future by:
- enabling everyone to get the best start in life
 - helping communities to live well
 - helping people to age well.



- 4.2 The plan has been developed in partnership with frontline health and care staff, patients and their families will improve outcomes for major diseases, including cancer, heart disease, stroke, respiratory disease and dementia.
- 4.3 Our priorities for 2019/20 will aim to deliver against these priorities. This year will be a transitional year, as local implementation plans are developed to build on progress made to date and to support the new NHS long term vision. We will be undertaking a review of how our partnership plans align with the intentions of the NHS long term plan and will be engaging with local people and organisations in this process.
- 4.4 In North West (NW) London we work with our health and local authority partners, a collaboration of over 30 organisations. We work together to deliver a shared health and local government ambition across the Health and Care system. With seven interconnected priority areas:



- 4.5 There are a number of programmes of work underway to help us achieve the strategic priorities outlined above. Technology is a key enabler and will be considered throughout to support achieving our priorities.
- 4.6 We have been working with our providers across NW London for some time to deliver benefits to our population through our STP, including maternity, paediatric transition, home first, and access to primary care.
- 4.7 We are now refreshing our areas of focus to ensure they reflect what matters to our patients, and to ensure we are reducing any unnecessary variation in our care across our patch, whilst delivering the priorities set out in the long term plan. Our proposed areas of focus are:
- Healthy communities and prevention
 - Maternity, children and young people
 - Primary, social and community care
 - Urgent and emergency care
 - Mental health

- Cancer care
 - Hospital and specialist care
- 4.8 The national plan is already based on a period of NHS engagement with over 3.5million people from all around the country. But the engagement with the public isn't over yet. NHS North West London CCGs will now be having a series of conversations with people who live in North West London about the local detail of our plans, and about how what we're doing will benefit residents and their families.
- 4.9 One of the ways people will be able to get involved will be through our soon-to-be-launched Citizens' Panel, a new democratic platform through which 4,000 members of the public will broadly represent the demographic make-up of our community. The panel can share their view on the local NHS and influence our decision-making. We will also be working closely with Healthwatch and other community and voluntary sector partners as well as, of course, engaging with patients regularly through all our usual channels.
- 4.10 It is also our intention to co-produce our engagement plan with Healthwatch, our integrated lay partner group and partners in the NHS and local authorities. We have been working with the five Healthwatch organisations and lay partners to develop an outline approach, which we will work through with these and other partners in immediate future.
- 4.11 Once we've heard from residents about how they'd like us to make these plans a reality in North West London we will be publishing our local plan for 2019-20 this year, followed by our full plan covering the next five years. We look forward to hearing not only from our residents, but also from you, as NHS colleagues, so that we can all improve our health and social care system together.

5.0 Development of an Integrated Care System (ICS)

- 5.1 The 10 year plan confirms that an ICS is the preferred model of healthcare planning and provision for the NHS. Integrated Care Systems are a way of working collaboratively, between a range of health and social care organisations, to help improve people's health. It is about working together in a shared way, sharing budgets, staff and resources where appropriate to best meet people's needs.
- 5.2 Key features of all ICSs will include:
- a partnership board, drawn from and representing commissioners, trusts, primary care networks, and – with the clear expectation that they will wish to participate - local authorities, the voluntary and community sector and other partners;
 - a non-executive chair (locally appointed, but subject to approval by NHS England and NHS Improvement) and arrangements for involving non-executive members of boards/ governing bodies;
 - sufficient clinical and management capacity drawn from across their constituent organisations to enable them to implement agreed system-wide changes;
 - full engagement with primary care, including through a named accountable Clinical Director of each primary care network;
 - a greater emphasis by the Care Quality Commission (CQC) on partnership working and system-wide quality in its regulatory activity, so that providers are held to account for what they are doing to improve quality across their local area;

- all providers within an ICS will be required to contribute to ICS goals and performance, backed up by a) potential new licence conditions (subject to consultation) supporting NHS providers to take responsibility, with system partners, for wider objectives in relation to use of NHS resources and population health; and b) longer-term NHS contracts with all providers, that include clear requirements to collaborate in support of system objectives;
- clinical leadership aligned around ICSs to create clear accountability to the ICS. Cancer Alliances will be made coterminous with one or more ICS, as will Clinical Senates and other clinical advisory bodies. ICSs and Health and Wellbeing Boards will also work closely together

5.3 It is expected that an ICS system will be coterminous with the current Health and Care Partnership area i.e. at North West London Level. At, borough level Integrated Care Partnerships (ICPs) will operate. The ICP would effectively become the local delivery arm of the ICS. The aim of the ICP is to integrate care around the populations served and to do this by working in partnership and in some cases pooling budgets. In some areas an NHS Trust acts as the lead provider in integrating care, while in others alliance contracts have been used to bring organisations and services together.

5.4 The ICS will work with Local Authorities at 'place' level and commissioners will make shared decisions with providers on how to use resources, design services and improve population healthcare.

5.5 A new ICS accountability and performance framework will bring together current local accountability arrangements and provide a consistent and comparable set of performance measures, including an "integration index" developed jointly with patients groups and the voluntary sector which will measure from patient's, carer's and the public's point of view, the extent to which the local health service and its partners are genuinely providing joined up, personalised and anticipatory care.

5.6 NHS England has developed an ICP contract which provides for a consistent objective to deliver integrated, population based care. As far as possible, it provides for consistency in terms and conditions relating to different services, reducing the risk of conflicting priorities or requirements getting in the way of clinicians and care workers doing the right thing for people in their care. It also provides for a population based payment approach, allowing flexible redeployment of resources to best meet needs and encourages a stronger focus on overall health, rather than simply paying for tightly defined activities. It aligns incentives across all teams.

5.7 The target date of 2021 has been set for full ICS coverage of England.

6.0 Single CCG Across North West London

6.1 The 10 Year Plan requires that there will be a shift to a CCG for every ICS area – in Brent's case this would be a North West London CCG. This would mean a consolidation of existing CCGs, which will become leaner, more strategic organisations that support providers to partner with local government and other community organisations on population health, service redesign and long-term plan implementation.

6.2 The movement towards a single CCG may take place either via changes to the constitutions of the 8 individual CCGs in North West London or via a formal merger application to NHS England. In the latter scenario this would mean that Brent CCG would cease to exist as a legal entity and that commissioning

responsibilities would be merged into a new organisation – North West London CCG.

- 6.3. A working group has been set up at North West London level to design the structure of the single CCG. Since North West London collaboration is currently in a significant deficit position, the movement towards a single CCG is being accelerated in order to achieve administration cost savings. Current plans are to finalise the new structure by the end of April 2019 and to approve a case for change in May 2019, with staff consultation progressing in June 2019. The plan is to have completed the move to a single CCG structure by April 2020. At the time of writing, it is anticipated that there will be a local 'branch' of the CCG that will be based locally within the borough. This local arm will be focussed primarily upon primary and community care, and the development of the local ICP.

7.0 NHS Funding Settlement 2019-2024

- 7.1 In June 2018, the Government announced a 5 year funding settlement for the NHS. Under this settlement, the NHS will receive an average 3.4 percent real terms increase in funding over the next 5 years. Key objectives for this funding include:

- improving productivity and efficiency
- eliminating provider trust deficits
- reducing unwarranted variation in the system so people get the consistently high standard of care wherever they live
- getting much better at managing demand effectively
- making better use of capital investment.

- 7.2 The CCG is receiving an increase in its allocation of 5.9% in 2019/20.

At the time of writing, Brent CCG is reporting an 18/19 deficit of £5.7 million at Month 11. Based on the contracts that we have been able to negotiate with our acute providers, our projected deficit for 19/20 will be significantly larger (currently estimated at £11.2 million). Across the North West London CCG collaboration, 7 out of 8 CCGs are projecting a deficit in 19/20.

- 7.3 Despite the CCG receiving a 5.9% uplift in its allocation, some of this will be passed through to Trusts in the form of a tariff uplift. This is because the national tariff has been uplifted this year to account for inflationary pressures within provider organisations. There is an assumption that an average acute tariff will be uplifted by 2.8% and the non-acute contracts will be uplifted by an average of 3.9%. This leaves only a relatively small sum left for demographic and non-demographic growth in activity. Based on current trends, we are projecting that the growth in demand/ activity will outstrip the increase in the CCG's allocation.

- 7.4 Due to the above, the CCG (along with the rest of North West London) has entered a period of financial recovery and centralised financial control processes have been put in place. All new investments exceeding £20k must be approved by an NWL level investment committee. Additionally, a line-by-line budget review process is currently underway, led by NHS England. It is clear that difficult decisions will need to be made over the coming year.

- 7.5 Over the coming year, NHS organisations in North West London will be shifting to a shared system control total, which will be an aggregate of all of the commissioning and provider organisations in North West London.

8.0 Status of Shaping a Healthier Future

- 8.1 The Secretary of State for Health and Social care confirmed in March 2019 that the north west London response to the NHS Long Term Plan should supersede the 2012 Shaping a Healthier Future programme, and that there would be no changes to A&E services at Charing Cross.
- 8.2 The Shaping a Healthier Future programme has delivered significant benefits for patients and communities in North West London. Much has been achieved over the past seven years and the programme's ambitious vision for improving health and integrating care has remained relevant while there have been some big changes in the wider health and care system and in the needs of our local population. However, this is the right time to look again at how we move on to respond to the challenges and opportunities as we face them today in order to achieve the most with, and for, our patients and local communities.
- 8.3 The local response to the Long Term Plan will still need to include significant change, involving some difficult decisions and trade-offs, if we are to offer high quality, person-centered care sustainably. By realigning under the NHS Long Term Plan, updating our planning assumptions and enabling all of our staff, patients, partners and stakeholders to be involved in its development and delivery over time, we will have the best possible chance of success.

9.0 Next Steps and Timescales

- 9.1 We are co-producing plans for the local implementation of the Long Term plan together with Healthwatch, the Citizens' Plan and other key stakeholders (including the LA) over the course of 19/20.
- 9.2 Work on the single CCG structure is currently underway, and will be completed by April 2020. We will keep the LA informed as and when we receive information.

10.0 Financial Implications

- 10.1 The financial implications are set out in section 7.0. The move to the single CCG is also expected to release significant efficiencies and to increase effectiveness of decision-making and ability to act rapidly to changing circumstances.

11.0 Legal Implications

- 11.1 New legal contractual vehicles will need to be formed to put in place the ICS and ICP. A new model contract for ICPs has been released by NHS England. The movement towards a single CCG may take place either via changes to the constitutions of the 8 individual CCGs in North West London or via a formal merger application to NHS England. In the latter scenario this would mean that Brent CCG would cease to exist as a legal entity and that commissioning responsibilities would be merged into a new organisation – North West London CCG.

12.0 Equality Implications

- 12.1 The long term plan is intended to reduce health inequalities. Each programme will need its own Equality Impact Assessment to be carried out, which will be incorporated into the local work and the approvals process.

13.0 Consultation with Ward Members and Stakeholders

13.1 An engagement plan for the Long Term plan is currently being put in place via the Citizens' Panel and through Healthwatch.

14.0 Human Resources/Property Implications (if appropriate)

14.1 There will be implications for staff in NHS Clinical Commissioning Groups from the restructure and move to a single CCG structure. It is expected that there will be some redundancies, and management/ administration staff will need to take on new functions, working across the NWL collaboration. Some CCG staff may be displaced into the ICS or the ICP.

Report sign off:

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