

East London Health and Care Partnership (ELHCP) Draft Paper Strategy Delivery Plan Draft Outline - April 2019 to March 2024

1. Summary

East London Health and Care Partnership (ELHCP) has to deliver its five-year strategic delivery plan in November 2019. This plan, covering **2019/20 to 2023/24**, needs to outline delivery against the Long Term Plan (LTP) commitments. An initial plan has to be submitted by 27th September 2019; the final submission is needed by 15th November 2019.

This paper is an internal document, which aims to clarify roles, responsibilities and timescales for both ELHCP and system staff who will be involved in developing the plan. The paper sets out the process for collating the North East London response to the long-term plan. It outlines key delivery and engagement groups (page 2) and a timeline for compilation (page 3). It also proposes responsibilities for drafting chapters of the plan (pages 3 to 4) and summarizes key elements of the recently published implementation framework¹ (pages 5 to 17).

The implementation framework spans seven different sections (sections 2 to 8). Chapters 2 and 3 represent national ‘fundamental service changes’ and must be delivered in line with nationally defined timetables and trajectories, including the Government’s five financial tests. They cover the following areas:

- Transformed ‘out-of-hospital care’ and fully integrated community-based care
- Reducing pressure on emergency hospital services
- Giving people more control over their own health and more personalised care
- Digitally-enabling primary care and outpatient care
- Better care for major health conditions: Improving cancer outcomes
- Better care for major health conditions: Improving mental health services
- Better care for major health conditions: Shorter waits for planned care
- Increasing the focus on population health

The remaining sections 4 to 8 cover the following additional themes. For these themes, systems have freedom to set priorities and agree the pace of delivery based on local need, recognising that all of the Long Term Plan commitments need to be delivered by the end of the five-year period.

- More NHS action on prevention
- Delivering Further progress on care quality and outcomes
- Giving NHS staff the backing they need
- Delivering digitally-enabled care across the NHS
- Using taxpayers’ investment to maximum effect

Supporting templates, including technical material for finance, activity modelling and key commitment metrics, will be provided to the partnership in early July 2019.

Key characteristics of the proposed strategic plan are that it is clinically-led, locally owned, involves realistic workforce planning, is financially balanced, delivers all commitments in the Long Term Plan and national access standards, and is phased based on local need.

In addition to this paper, the ELHCP transformation team will develop a framework for collating supplementary local information to support the following: (a) a description of local need; (b) service changes; (c) infrastructure developments; (d) efficiency and financial plans. There will also be specific engagement plans developed at a partnership and workstream level – to ensure full involvement of all local partners and stakeholders in the planning process.

¹ <https://www.england.nhs.uk/wp-content/uploads/2019/06/NHS-LTP-Implementation-Framework.pdf>

2. The Timetable and the process

Key Delivery Groups will oversee delivery of the content of the plan

- **NEL Directors of Strategy and Systems Group** Comprises provider directors of strategy and senior transformation leads from each local system and has overall oversight of the LTP process
- **London STP Directors meeting** Ensures similar pan-London approaches to plan development, alignment to London groups and collaboration across STPs where applicable
- **ELHCP Programme Management Office (PMO) Group** Brings together all STP work streams and will develop key content, with clinical engagement, for all chapters of the plan
- **ELHCP Operational Delivery Group (ODG)** Has representation from provider finance leads and CCG finance leads – will oversee finance and activity elements of plan, including template submissions.
- A subgroup with representatives from the PMO and ODG will begin to meet regularly to ensure alignment between the narrative plan and finance and activity templates.

Key Engagement Groups and Events to ensure local ownership and oversight of the plan

- **ELHCP Executive Group** Has overall strategic oversight of the plan, with regular updates on progress
- **ELHCP Engagement Events** There will be an engagement event in October in addition to the event already held in June. Output from these events will be placed on the ELHCP website. Individual workstreams will also be running specific engagement events and activities.
- **Clinical Senate** made of up key clinicians from across the partnership, this forum will play a pivotal role in providing clinical leadership and oversight of the plans
- **Health and Wellbeing Boards (HWBBs)** well worked up drafts will be taken to HWBBs in September, to ensure local health and care system leaders have oversight of plans.
- **Lead Members for Health Meeting** there will be a specific meeting organised with lead members for health from all local authorities to engage on draft contents of the plan

Next Steps to ensure delivery of draft 1 by early August

- **Local systems** have put together high-level submissions in response to the long term plan. These will be reviewed and collated.
- **ELHCP work streams** ELHCP workstream leads have been tasked with providing outline responses to chapters of the plan. Table 1 below sets out roles and responsibilities for this activity, to be agreed at the PMO meeting of 9th July 19. Workstream leads will then provide an outline response, clarifying the structure and range of points to be addressed for their chapter, for a submission date of Thursday 25th July. Workstream leads should also identify their engagement plans and interdependencies with other ELHCP programmes.
- **ELHCP and system workshop** A date for a workshop has been set for the afternoon of Wednesday 31st July. It is proposed that this workshop is used to bring together elements of system and work stream draft plans and facilitate discussions about how best to collaborate in the development of the long term plan submission.
- **Development of draft 1** There will be a reconciliation of materials from local systems, ELHCP work streams and outputs of the 31st July workshop to develop the first draft of the strategic delivery plan for early August. This may also include early drafts of finance and activity templates, depending on their release date and the complexity of the content required.

The overall timetable, outlining delivery groups, engagement events and milestones is mapped out on a diagram on the next page

Long Term Plan Engagement Timetable

Map Of How Plan Will Be Developed Across Key Partners

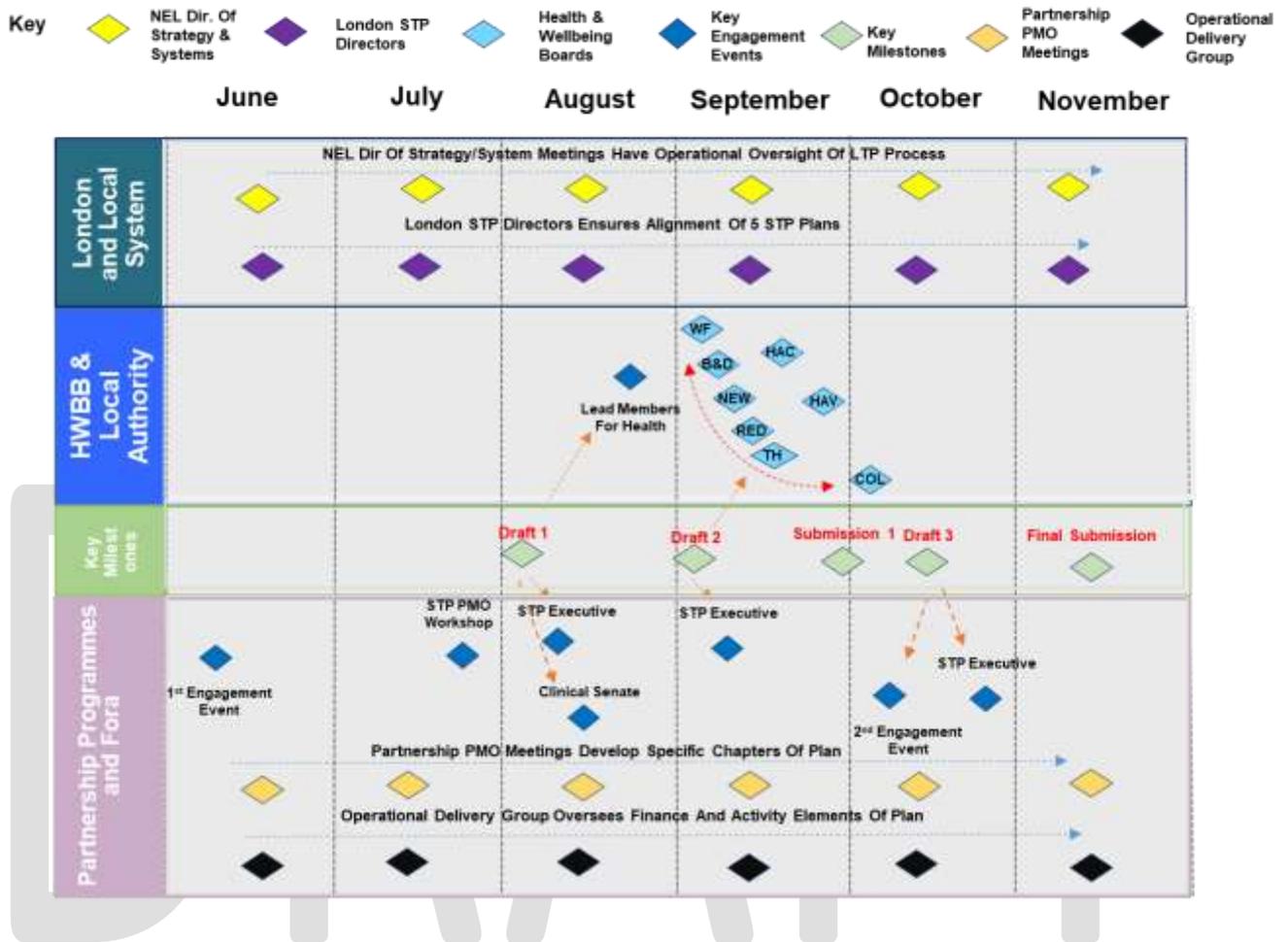


Table 1 Suggested Roles And Responsibilities For Compiling Chapters Of the Plan
STP Content Leads to also ensure sign-off on drafts via SROs prior to submission

Theme	STP Content Lead	Clinical Lead
Chapter 2 Delivering a new service model for the 21st Century		
<i>Fully integrated community-based health care</i>	Jane Lindo Primary Care Director	Dr Mark Ricketts
<i>Reducing pressure on emergency hospital services</i>	Kendal Fairley Urgent & Emergency Care Programme Director	Dr Kate Adams
<i>Giving people more control over their own health and personalised care</i>	Warren Leung Programme Manager	Dr Jagan John
<i>Digitally-enabling primary care and outpatient care</i>	Martin Wallis Programme Manager	Dr Osman Bhatti
<i>Improving cancer outcomes</i>	Archana Mathur, SRO for Cancer Nasser Turabi, NCEL Cancer Alliance	Dr Angela Wong
<i>Improving mental health outcomes</i>	Glen Crosier	TBC

Theme	STP Content Lead	Clinical Lead
	Mental Health Programme Manager	
<i>Shorter waits for planned care</i>	Archna Mathur, Director of Performance & Assurance	Senate Clinical Leads
Chapter 3 Increasing the focus on population health		
<i>Moving to integrated care systems everywhere</i>	Simon Hall Transformation Director	Senate Clinical Leads
Chapter 4 More NHS action on prevention		
<i>Focus on prevention</i>	Simon Hall Transformation Director	Directors Of Public Health/Public Health Consultants
Chapter 5 Delivering further progress on care quality and outcomes		
<i>A strong start in life for children and young people</i>	Maureen Fitzgerald (Maternity) Karina Christensen (0-25) Kath Evans (0-25)	Dr Gloria Rowland (Maternity) 0-25 TBC
<i>Learning difficulties and autism</i>	Glen Crosier Mental Health Programme Manager	TBC
<i>Better for major health conditions – Cardiovascular, Stroke, Diabetes, Respiratory</i>	Simon Hall Transformation Director, Warren Leung, Programme Manager	Senate Clinical Leads
<i>Research and innovation to drive future outcomes improvement</i>	Simon Hall Transformation Director,	Senate Clinical Leads
<i>Genomics</i>	Hilary Ross INEL System Lead	Senate Clinical Leads
<i>Volunteering</i>	Simon Hall Transformation Director,	Senate Clinical Leads
<i>Wider Social Impact</i>	Simon Hall Transformation Director,	Senate Clinical Leads
Chapter 6 Giving NHS staff the backing they need		
<i>Feeding Back In Line With The Themes from the interim NHS People Plan</i>	Gareth Noble Lead Workforce Programme Manager	LWAB Clinicians
Chapter 7 Delivering digitally-enabled care across the NHS		
<i>Digital plan, aligning national and London requirements with local priorities</i>	Martin Wallis Digital Programme Manager	Dr Osman Bhatti
Chapter 8 Using taxpayers' investment to maximum effect		
<i>Financial & Planning Assumptions, Improving Productivity and Reducing Variation</i>	Henry Black Chief Financial Officer	Senate Clinical Leads

2. Delivering A New Service Model For The 21st Century

2.1 Fully Integrated Community-Based Health Care

ELHCP needs to focus on four areas (2.2.1-2.2.4) with agreement and engagement from:

- Agreement with community providers, primary care providers, and Primary Care Network Clinical Directors
- Engagement with Health and Wellbeing Boards
- Engagement with voluntary sector and Local Medical Committees.

2.1.1 Meeting Funding Guarantees For Primary Medical And Community Health Services

Plan to set out indicative spending for four years (2020/21 to 2023/24) which:

- Covers primary medical, community health and continuing health care spend
- Mirrors national funding increases across these areas
- Highlights how GP contract entitlements will be honoured over and above existing baseline spend

The financial plan will be agreed and shared with the regional team.

2.1.2 Supporting Primary Care Networks

- Outline development support for networks with engagement plans with community partners
- Includes support plans designed with full involvement of the Clinical Directors of the Primary Care Networks and community health services partners.
- Investment plans for networks indicated, including national/London funding streams

2.1.3 Improving The Responsiveness Of Community Health Crisis Response Services

- Plan for community services delivering crisis responses within two hours, and reablement care within two days
- Outline how 'anticipatory care' will be provided jointly with primary care in joint enterprise with GP practices as part of Primary Care Network delivery
- Outline how primary care will be supported to deliver Enhanced Health in Care Homes in joint enterprise with GP practices as part of Primary Care Network delivery
- Build capacity and workforce to achieve these goals by implementing the Carter report and using digital innovation

2.1.4 Implementing Service Improvements And Achieving Impact

Outline services improvements and phasing over next four years, linked to funding increases and agreed with community providers and network clinical directors. Key elements comprise:

- Phasing and delivery of the new contract, including key deliverables and implementation of the seven new national service specifications
- Full implementation of the final years of the pre-existing GP Forward View commitments
- Major capacity boosts to community services to support long-term plan goals
- Take into account and address major workforce and workload challenges
- Decide how carer identification and support addressed locally, improving carer outcomes
- Systems should include where available prospective quantified impact of new integrated community-based health model on downstream hospital NHS utilisation and outcome improvements.

2.2 Reducing Pressure On Emergency Hospital Service

The plan will highlight how local urgent and emergency care services can continue to develop and provide an integrated network of community and hospital-based care, key elements set out below:

2.2.1 Pre-Hospital Urgent Care

- A single multidisciplinary Clinical Assessment Service (CAS) to be established within an integrated NHS 111, ambulance dispatch and GP out of hours service model from 2019/20. By 2023, CAS to act as the single point of access for patients, carers and health professionals for integrated urgent care and discharge from hospital care.
- Full implementation of the Urgent Treatment Centre model by autumn 2020 consistently across all localities, with the option of appointments booked through a call to NHS 111.
- Timely response times for the ambulance services to be implemented, along with improvements in operational productivity.

2.2.2 Reforms To Hospital Emergency Care: Same Day Emergency Ambulatory Care

- Ensure that all sites with Type 1 A&E patients to implement Same Day Emergency Care, increasing the proportion of acute admissions discharged on the day of attendance to 33%.

2.2.4 Better Urgent Care Data-Sets

- Getting better data through developing the Emergency Care Data Set, through embedding into UTCs and SDEC services

2.2.5 Reducing Delayed Transfers Of Care

- Plans to reduce Delayed Transfers Of Care over the course of the plan to be produced.

2.3 Giving People More Control Over Their Own Health And More Personalised Care

The plan will establish how the funding streams will support implementation of the components of the NHS Comprehensive Model for Personalised care. These will include:

- Network Contact Direct Enhanced Services from 2019/20, for employment of social prescribing link workers; Targeted funding to deliver the NHS Comprehensive Model for Personalised Care from 2019/20 to 2021/22;
- Targeted funding from 2019/20 to 2021/22 to CCG champions to support other local areas to deliver components of the Comprehensive Model;
- Funding increases from NHS England and NHS Improvement for both children's hospices and children's palliative and end of life care services (detail to follow)

2.4 Digitally-Enabling Primary Care And Outpatient Care

The plan will show how there will be an uptake of digital tools to transform the way outpatient services are offered, providing more options for virtual outpatient appointments.

- A digital outpatient plan will indicate how specialities will be chosen as priorities towards removing the need for up to a third of face-to-face outpatient visits.
- The plan will also highlight how online consultations will be offered in each practice by April 2020, with a video consultations offered to all patients by April 2021.
- It will include descriptions of planned progress for the digital first programme recently operationalised across parts of the partnership.

2.5 Improving Cancer Outcomes

The plan, agreed with the local cancer alliance, will detail potential improvements in early diagnosis, survival and operational performance. It will involve:

- Improving the one-year survival rate.
- Improving bowel, breast and cervical screening uptake;
- Rolling out of FIT for symptomatic and non-symptomatic populations in line with national policy, and HPV as a primary screen in the cervical screening programme;
- Improving GP referral practice
- Implementation of faster diagnosis pathways, including the description of any innovative models of early identification of cancer:

- Improving access to high-quality treatment services, including through roll out of Radiotherapy Networks, strengthening of Children and Young People's Cancer Networks, and reform of Multi-Disciplinary Team meetings;
- Roll-out of personalised care interventions, including stratified follow-up pathways, to improve quality of life.
- Cancer Alliances will need to set out how the plans will address unwarranted variation, improve patient experience, and be supported by appropriate workforce.
- Implementation plans for lung health checks and Rapid Diagnostic Centres if available.

2.6 Improving Mental Health Outcomes

2.6.1 Meeting Funding Guarantees For Mental Health

The plan will clarify how the partnership will meet mental health investment standards, growing mental health budgets faster than the NHS budget, with children and young people's mental health services to grow faster than both NHS funding and total mental health funding

2.6.2 Provider Collaboratives

- Description of plans for managing via provider collaboratives for specialised mental health services, learning disability and autism services, specialist community forensic care.
- Outline of any plans for developing specialised commissioning mental health budgets directly to lead providers for adult low and medium secure mental health services, CAMHS Tier 4 services and adult eating disorder inpatient services.

2.6.3 Stabilising And Expanding Community Teams

Plans to stabilise and expand core community teams for adults and older adults with severe mental health illnesses will be included. Key elements to comprise:

- Testing and rolling out adult community access standards once agreed
- Services for people with specific and complex needs for people with a diagnosis of 'personality disorder'
- Early intervention in psychosis
- Adult eating disorders
- Mental health community rehabilitation.

Arrangements for delivering these services in new models of care integrated with primary care networks to be included.

2.6.4 Initiatives Via Additional Fair Share Funding

- Additional children and young people (CYP) aged 0-25 to access support via NHS-funded mental health services
- Expansion of access to specialist community perinatal mental health services in 2019/20;
- By 2020/21 there will be 100% coverage of 24/7 adult crisis resolution and home treatment teams operating in line with best practice;
- An update on the continued expansion of CYP mental crisis services so that by 2023/24 there is 100% coverage of 24/7 crisis provision for CYP which combines crisis assessment, brief response and intensive home treatment functions;
- The development of local mental health crisis pathways including a range of alternative services so that by 2023/24 there is 100% roll out across the country.

2.6.5 Initiatives Via Additional Funding Allocations Made To Individual Systems In Consultation With NHS England/Improvement Regions

- Salary support for IAPT trainees from 2019/20 to all areas in accordance with the number of trainees recruited;
- Development of school or college-based Mental Health Support Teams in all regions

2.6.6 Initiatives Via Targeted Funding For Range Of Smaller Initiatives And Pilots

- Funding for the development and testing of maternity outreach clinics in 2020/21 and 2021/22 ahead of national roll-out;
- Funding to pilot new models of integrated primary and community care for adults and older adults with severe mental illnesses in 2019/20 and 2020/21.
- Continuation of funding for mental health liaison services to achieve 70% coverage of 'core 24' services by 2023/24;
- Continuation of the Individual Placement Support wave funding in 2019/20 and 2020/21;
- Testing of clinical review of standards in 2019/20;
- Developing a hub and spoke model for problem gambling from 2019/20, with central clinics which have satellite clinics in neighbouring populations;
- Completing the piloting of Specialist Community Forensic Care and women's secure blended services by 2020/21;
- Implementing enhanced suicide prevention initiatives and bereavement support services;
- Developing new mental health services to support rough sleepers

2.7 Shorter Waits For Planned Care

Key aspects to be included in plan:

- How the volume of planned surgery will be expanded,
- How long waits will be cut, with no patient waiting over 52-weeks from referral to treatment
- How the size of waiting lists will be reduced over the next five years
- How patients will be provided with a wide choice of options for quick elective care, including expanding provision of digital and online services.
- How NHS-managed choice process will be given to all patients after 26-week waits
- Any plans to scale the provision of First Contact Practitioners so that all patients across England have access. This will provide faster access to diagnosis and treatment for people with MSK conditions. The plan should also include how access will be expanded to other MSK support services, including via digital and online routes.

3. Increasing Focus On Population Health: Moving To Integrated Care Systems

ELHCP will highlight how it will develop to become an ICS by April 2021, reaching a mature level in line with the definition in the published maturity matrix and implementation guidance.

- Collaborative and inclusive multi-professional system leadership, partnerships and change capability, with a shared vision and objectives including an independent chair;
- An integrated local system, with population health management capabilities which support the design of new integrated care models for different patient groups, with strong PCNs and integrated teams and clear plans to deliver the service changes set out in the Long Term Plan; improving patient experience, outcomes and addressing health inequalities;
- Developed system architecture, with clear arrangements for working effectively with all partners and involving communities as well as strong system financial management and planning (including a way forward for streamlining commissioning, and clear plans to meet the agreed system control total moving towards system financial balance);
- A track record in delivering nationally agreed outcomes and addressing unwarranted clinical variation and health inequalities;
- A coherent and defined population, where possible contiguous with local authority boundaries. Most systems are working within their existing footprint. However, if there are any systems who wish to propose an adjustment to their current geography, then the STP or Local Authority should formally notify NHS England and NHS Improvement via their Regional Director by 31 July 2019 of their requested change.

ELHCP will outline how the provider and commissioner landscape will develop, e.g. overcoming any specific local challenges for providers. Also to flag any proposals relating to group structures or new approaches to collective decision making.

4. More NHS Action On Prevention

Several themes will be developed in partnership with regional and local directors of public health and local authority commissioners of preventative services. These initiatives span:

4.1 Smoking

- Targeted investment to develop NHS-funded smoking cessation services in selected sites in 2020/21;
- Additional indicative allocations for all STPs and ICSs, from 2021/22, for the phased implementation of NHS smoking cessation services for all inpatients who smoke, pregnant women and users of high-risk outpatient services (as a complement not a substitute for local authority's own responsibility to fund smoking cessation).

4.2 Obesity

- Increasing local uptake of the Diabetes Prevention Programme (DPP) - a nationally-funded and commissioned programme.
- Targeted funding for 2020/21 and 2021/22 for a small number of sites to test and refine an enhanced weight management support offer for those with a BMI of 30+ with Type 2 diabetes or hypertension and enhanced Tier 3 services for people with more severe obesity and comorbidities.

4.3 Alcohol

- Targeted funding available from 2020/21 to support the development and improvement of optimal Alcohol Care Teams in hospitals with the highest rates of alcohol dependence-related admissions.

4.4 Air Pollution

- Targeted support from the NHS Sustainable Development Unit to spread best practice in sustainable development, including improving air quality, plastics and carbon reduction.

4.5 Antimicrobial Resistance

- Targeted support available to regions to drive progress in implementing the Government's five-year national action plan, Tackling Antimicrobial Resistance, to reduce overall antibiotic use and drug-resistant infections.

5 Delivering Further Progress On Care Quality And Outcomes

5.1 A Strong Start In Life For Children And Young People

5.1.1 Maternity And Neonatal Services

- Show consistency with both Long Term Plan commitments, the conclusions of Better Births and integrated into broader local system plans.
- Local maternity services will receive fair share funding in 2020/21 to support the implementation of Better Births. Information to be provided on any updates of plans to deliver the following via the additional funding: (a) Continuity of Carer, (b) Saving Babies' Lives Care Bundle (c) UNICEF Baby Friendly Initiative, (d) Neonatal Critical Care services, (e) Integrated support for families during neonatal care, (f) Postnatal physiotherapy and multidisciplinary pelvic health clinics,
- Include update on clinical leadership to support the local maternity system

5.1.2 Children And Young People

- Description of how local leadership has been established: named clinical and management leaders, co-production with children, young people, families and carers and bringing together local leaders from across the NHS, local government, education and other partners to design and deliver transformation for the system

- Improvement plans for performance of childhood screening and immunisation programmes and plans to meet the base level standard in the NHS public health functions agreements.

Specific focus will be given to the following areas:

- Developing age-appropriate integrated care, integrating physical and mental health services enabling joint working between primary, community and acute services, and supporting the transition to adult services;
- Improving care for children with long-term conditions, such as asthma, epilepsy, diabetes, and complex needs;
- Treating and managing childhood obesity;
- Supporting the expansion of Children and Young People's mental health services;
- Improving outcomes for children and young people with cancer.

Additional funding will be available to systems as follows:

- From 2021/22 to 2022/23, there will be targeted investment to support the integration and improvement of Children and Young People's services, with additional indicative funding distributed to all systems in 2023/24 to support these integrated services;
- Targeted funding will be available from 2021/22 to increase the capacity to treat obese children and the severe health complications related to their obesity (i.e. increasing access to Tier 3 services).

5.2 Learning Difficulties And Autism

- Plan to deliver the Long Term Plan commitments to improve services and outcomes for people with learning disabilities, autism or both, reducing the reliance on inpatient provision and increasing community capacity.
- Show an understanding of local unmet need, gaps in care, including local health inequalities.
- Have a named senior responsible officer to oversee local implementation of Long Term Plan ambitions for individuals with learning disabilities, autism or both, and their families.

Systems should involve people with lived experience and their families in checking the quality of care, support and treatment, and set out how they will ensure all local services make reasonable adjustments for people with learning disabilities, autism or both when they need it. System plans should clearly set out:

- Their share of the required further reduction in inpatient usage and beds;
- Provision of learning disability and autism physical health checks for at least 75% of people aged over 14 years;
- How proposals for people with learning disabilities and/or autism align with their plans for mental health, special educational needs and disability, children and young people's services and health and justice;
- The local offer for autistic young people, people with a learning disability and their families;
- How NHS-led provider collaboratives will be developed locally and should ensure that digital plans use the reasonable adjustment 'digital flag' in the patient record or, where this is not available, use the summary care record as an alternative.

System investment should identify what community provision is in place for intensive, crisis and forensic community support. This includes seven-day specialist multidisciplinary services and crisis care and community teams for children and young people that can be built upon or strengthened with clear alignment with mental health and social care.

Funding to deliver the improvements set out in the Long Term Plan will be provided through CCG allocations and additional service development funding, distributed to all systems, which

includes agreed transfers to cover specialised services, community service investment and for Transforming Care Partnerships. Targeted funding will be available to:

- Develop keyworkers for children and young people with the most complex needs and their carers/families from 2020/21. Initial funding will focus on supporting children and young people who are in mental health inpatient units. Indicative additional funding allocations have then been made to support roll out of these services in 2023/24;
- Further 'catch up' in the number of Learning Disabilities Mortality Reviews (LeDeR) in 2019/20. Systems plans should ensure that LeDeR reviews are undertaken within six months of the notification of death, and that completed LeDeR reviews are analysed and address the themes and recommendations published through local LeDeR reports and the national Action from Learning report, to reduce health inequalities taking account of forthcoming guidance;
- Roll out, as part of new PCN arrangements the Stopping Over Medication of People with a learning disability or autism and Supporting Treatment and Appropriate Medication in Paediatrics (STOMP-STAMP) programmes – available from 2020/21;
- Test the model for taking eye, hearing and dental services to children and young people in residential schools from 2021/22;
- Provide capital investment for 2019/20 and 2020/21 to support the development of new housing options and suitable accommodation in the community.

When drawing up plans, systems can draw on the Ask Listen Do Framework to learn from, and improve the experiences of people with a learning disability, autism or both.

5.3 Better Care For Major Health Conditions

5.3.1 Cardiovascular Disease

System plans should set out how they will, over the next five years, improve the prevention early detection and treatment of cardiovascular disease (CVD). Funding to deliver improved treatment for CVD is included in indicative additional allocations, with additional 'fair share' funding for systems from 2020/21 to increase the number of people with CVD who are treated for the cardiac high-risk conditions; Atrial Fibrillation, high blood pressure and high cholesterol.

Additional targeted funding will be made available for:

- Increasing the numbers of people at risk of heart attack and stroke who are treated for the cardiovascular high risk conditions; Atrial Fibrillation, high blood pressure and high cholesterol. This will be supported by the roll-out in 2020 of the CVDPREVENT audit. From 2020/21 funding will be included in fair shares allocations to systems.
- Testing technology to increase referral and uptake of cardiac rehabilitation from 2021/22. In 2023/24, funding for wider roll out will be included in fair shares allocations to systems;
- Pilot schemes in 2020/21 and 2021/22 to increase access to echocardiography and improve the investigation of those with breathlessness and the early detection of heart failure and valve disease. From 2022/23 funding for wider roll out will be included in fair shares allocations to systems.

5.3.2 Stroke Care

Systems are asked to ensure they have robust plans, and effective local clinical and system leadership to develop and improve stroke services, centred around delivering Integrated Stroke Delivery Networks (ISDNs), improving and configuring stroke services, to ensure that all patients who need it, receive mechanical thrombectomy and thrombolysis. Early Supported Discharge (ESD) should be routinely commissioned and available to all patients for whom it is appropriate, with systems developing plans to integrate ESD and community services.

Funding to support implementation of stroke commitments will be available as follows:

- Targeted funding to support roll out of ISDNs will be available from 2021/22;
- Targeted funding for developing and testing improved post-hospital rehabilitation models available 2020/21 and 2021/22. Fair share funding for wider roll out from 2022/23

Plans should identify proposed capital investment to reconfigure stroke services via the STP capital bids process. To support this, all ISDNs should be established across between one and four ICSs or STPs, and have an accountable ISDN governance structure in place by April 2020. This should include all relevant providers from pre-hospital care through to post-acute rehabilitation. Regions will assure cross-boundary coordination of ISDN footprints and provide improvement support.

5.3.3 *Diabetes*

Systems are asked to set out their approach for delivering improved services in line with the Long Term Plan commitments for people with Type 1 and 2 diabetes, including:

- Support for more people living with diabetes to achieve the three recommended treatment targets;
- Targeting variation in the achieving diabetes management, treatment and care processes;
- Addressing health inequalities through the commissioning and provision of services;
- Expanded provision of access to digital and face-to-face structured education and self-management support tools for people with Type 1 and Type 2 diabetes;
- Providing access for those living with Type 2 diabetes to the national HeLP Diabetes online self-management platform, which will commence phased roll out in 2019/20;
- Ensuring universal coverage of multidisciplinary footcare teams (MDFTs) and diabetes inpatient specialist nurses (DISN) teams for those requiring support in secondary care.

To support systems to deliver these improvements additional funding is available as follows:

- Central reimbursement arrangements are in place for 2019/20 and 2020/21 to enable up to 20% of people living with Type 1 diabetes who are eligible under the clinical criteria for that funding, to access flash glucose monitoring devices;
- There will be targeted funding for MDFTs and DISNs transformation projects. In the first instance, continued funding will be provided in 2019/20 for currently established MDFTs and DISN transformation projects, supporting them to become sustainable from 2020/21 onwards. Thereafter, targeted funding will be available for systems that have not had access to MDFTs and DISNs by this point, to help improve equality of access and ensure universal coverage;
- Targeted funding from 2019/20 to 2023/24 to support delivery of the three recommended treatment targets and to continue funding for existing structured education projects. This funding is tapered to reduce across the period as improvements are embedded;
- Targeted funding to test low calorie diets for obese people with Type 2 diabetes, working with demonstrator sites covering up to 5,000 people from 2019/20;
- Ensuring that pregnant women with Type 1 diabetes are offered continuous glucose monitoring from April 2020, where clinically appropriate. Funding arrangements will be confirmed later in 2019/20.

5.3.4 *Respiratory Care*

- System plans should set out how they will support local identification of respiratory disease and increase associated referrals to pulmonary rehabilitation services for those who will benefit, particularly for the most socio-economically disadvantaged people who are disproportionately represented in this patient cohort.

Plan to reference any planned developments in line with below funding commitments:

- Targeted funding for a number of sites in 2020/21 and 2021/22 to expand pulmonary rehabilitation services and test new models of care for breathlessness management in

patients with either cardiac or respiratory disease. From 2022/23 fair shares funding will be available to all systems to support wider roll out;

- Targeted funding available to increase spirometry training via new Primary Care Training Hubs from 2020/21.

5.4 Research And Innovation To Drive Future Outcomes Improvement

System plans should set out how they will:

- Contribute to the national ambition to increase public and patient research participation
- Work with innovators testing innovations that meet NHS's needs in real-world settings
- Ensure local adoption and spread of proven innovations, working with Academic Health Science Networks (AHSNs) where appropriate.

5.5 Genomics

- To describe any work with the relevant Genomic Laboratory Hub and the NHS Genomic Medicine Centres to ensure clinical pathways are in place, operating to national standards and protocols.
- This should ensure that all eligible patients receive access to appropriate genomic testing and that requests for genomic testing are consistent with the national genomic test directory and delivered by the designated providers.

5.6 Volunteering

Description of any work planned to increase the appropriate use of volunteering and plans to use the below funding streams:

- Additional funding allocated to STPs and ICSs, on a fair shares basis in 2019/20, to support the identification, integration and growth of volunteering, especially in areas of deprivation;
- Further targeted funding to develop volunteering in selected sites in 2020/21 and 2021/22.

5.7 Wider Social Impact

- Description of any planned work to support national programmes on health and the justice system, veterans and the armed forces, health and the environment, health and employment and anchor institutions.

6 Giving NHS Staff The Backing They Need

Workforce planning is central to the overall planning processes and should cover workforce growth and workforce transformation for all areas of NHS-funded care including primary care, community, mental health and acute services. There are several key areas highlighted in the implementation framework, which will be supplemented by actions set out in the interim people plan.

6.1 Making The NHS The Best Place To Work

- Targets for BME representation across leadership teams and the broader workforce by 2021/22
- Improvements in mental and physical health and wellbeing
- Enabling flexible working
- Responding to the requirements of the new Workforce Disability Equality Standard.

6.2 Improving The Leadership Culture

- Establishing the cultural values and behaviours we expect from our senior leaders
- Implementing system-wide processes for managing and supporting talent
- Developing strategies to support all staff to work in compassionate and inclusive leadership cultures

6.3 Holistic Approach To Workforce Transformation And Workforce Growth

- Setting out (after taking account of these efficiency plans) the workforce growth planned for different groups,
- Show the action that will be taken locally to improve retention, international recruitment and maximise use of the Apprenticeship Levy;
- Ensuring that overall efficiency and productivity plans (Chapter 8) include practical, system-wide action to improve workforce efficiency and release greater time for care, including changes in skill mix, new ways of working, better use of scientific and technological innovation, and reductions in sickness absence.

6.4 Change To The Workforce Operating Model

- Describing, as part of broader ICS development, plans to develop the capacity (including prioritising urgent action on nursing shortages), capability, governance and ways to work.
- This will enable ICSs to take on growing responsibility for workforce and people activities, informed by the capacity building diagnostic and tool that we have developed with local systems.

7 Delivering Digitally-Enabled Care Across The NHS

A comprehensive plan must be consistent with the Tech Vision of digital technology underpinning local system's wider transformation plans. The plan should include how secondary care providers will be fully digitised by 2024 and showing integration with other parts of the health and care system, for example through a local shared health and care record platform. Its key components should include:

- How and when each organisation will achieve a defined minimum level of digital maturity;
- How they will adopt Global Digital Exemplar (GDE) Blueprints and an approach based on IT system convergence to reduce unnecessary duplication and costs;
- How they will adhere to controls and use approved commercial vehicles such as the Health System Support Framework to ensure technology vendors and platforms comply with national standards for the capture, storage and sharing of data.

Systems are expected to set out plans for how they will significantly improve the provision of services and information through digital routes aligned to national standards and requirements, with clear guidance provided by the newly created NHSX. Systems can draw on a range of national platforms, such as the NHS App and NHS Login and nationally led support and programmes to develop and deliver their plans, such as the Provider Digitisation programme.

- Plans to include a focus on the user and ensure staff and patient engagement.
- Plans to highlight staff engagement and training, including support for staff development of technical skills, for example through the NHS Digital Academy. Plans to describe how by 2021/22, all NHS organisations will have a CCIO or CIO on the Board.

A description of a delivery plan meeting the following key aspects, to be supported through investment:

- Local capability: NHSX will drive a standards-based approach to provider digitisation to deliver a core level of digitisation across the system and local sharing of records to support integrated care by 2024
- Core services: Nationally-provided services such as the electronic prescriptions and electronic referrals will continue;
- Access to mobile digital services: By 2021/22 all staff working in the community will have access to mobile digital services to help them perform their role, with ambulance services having access to digital services that reduce avoidable conveyance;
- Integrated child protection system: By 2022 a new system will replace dozens of legacy systems;

- Fax machines: NHSX will monitor progress against the Secretary of state's commitment to cease the use of fax machines for communication between NHS organisations and with patients.

Several nationally-delivered services are available to develop core digital services:

- The transformed NHS.uk website. The NHS Login provides a single way for patients to identify themselves to a range of services
- The NHS App.

National work is supporting the development of locally-delivered digital personal healthcare records so that patients, or their authorised carer, can access and provide contributions to their care record. This includes:

- **Patient access:** By 2020, every patient with a long-term condition will have access to their care plan via the NHS App, enabled by the Summary Care Record (SCR). By 2023 the SCR functionality will be moved to the local shared health and care record systems and be able to send reminders and alerts directly to the patient;
- **Personal Health Records (PHRs):** These will be delivered through local health and care records that will also hold **care plans**, which incorporate information added by the patient themselves, or their authorised carer, and additional information (such as from monitoring devices) which the patient chooses to provide. The PHR adoption service provides advice and guidance for systems developing PHRs and other public-facing health tools;
- **Digital maternity records:** 55,000 women across 11 areas are already accessing their records digitally. This will be increased to 100,000 across 22 areas by the end of 2019/20. We will continue to build on this work to meet the ambition that all women have their own digital maternity record by 2023/24;
- **Digital Redbook for children's immunisation records and growth:** By 2021 all parents will have a choice of a paper or digital Redbook for their new babies. To support this, a core specification will be developed nationally, which suppliers will be expected to work within.

8 Using Taxpayers' Investment To Maximum Effect

8.1 Financial And Planning Assumptions For Systems

Central to the system planning process is the question of how resources allocated to local health systems to meet population need will be deployed over a five-year period to deliver the commitments set out in the Long Term Plan, including delivery of the five financial tests.

Five-year CCG allocations covering the period to 2023/24 were published in January, along with the updated 2019/20 planning guidance. This is the starting point for system planning and will be complemented with:

- **An additional funding allocation distributed to all** systems on an indicative, fair shares basis (national totals are set out in Annex A and system allocations set out alongside this document);
- **An indication of targeted funding** which will be deployed subsequently against specific Long Term Plan commitments through regions and national programmes (see Annex A);
- **Indicative provider-level figures for specialised commissioning funding**, over a five-year period, which will be shared with local systems for planning purposes by regional teams in July;
- **A set of indicative planning assumptions for pay, non-pay and drugs costs and the indicative tariff uplift;**
- **Over the coming months we will work with the NHS and set out further detail on the Financial Framework for 2020/21 and beyond.** Until this point systems should plan on the basis of the existing framework.

System plans will need to set out how this resource will be deployed to deliver the commitments within their plans and the government's financial tests set out in the Long Term Plan:

- To meet financial Test 1 in the Long Term Plan plans must demonstrate how organisations will return to, or maintain, financial balance including the impact on the financial performance of each provider and commissioner organisation. As part of this systems will need to work with providers so that, as a minimum, all providers deliver cash-releasing productivity growth of at least 1.1% a year in line with financial **Test 2**; and providers in deficit deliver an additional cash-releasing productivity benefit of at least 0.5% a year;
- Regional teams will work with each system to agree what a realistic and stretching bottom line position is (and corresponding allocations from the Financial Recovery Fund) in each year. Financial recovery plans, consistent with the local system plan, will be required for each provider organisation and CCG not in financial balance;
- Plans to incorporate system actions to maximise efficiencies and support appropriate reductions in the growth in demand for care, as required by financial **Test 3**. National programmes and resource available to support this are set out below.

Spending plans will need to be consistent with the commitments in the Long Term Plan to increase investment in mental health, and in primary medical and community health services, as a share of total local NHS revenue spend across the five years from 2019/20 to 2023/24. Further detail on what these commitments mean for local systems (including relevant baselines) will be provided through regional teams.

For planning purposes, employers should assume that there is no impact on employer pension contributions as a result of the recent revaluation of the NHS pension scheme, that Marginal Rate Emergency Tariff (MRET) funding is available on a flat cash basis with the same distribution as in 2019/20, and that price relativities in the national tariff remain unchanged.

8.2 Improving Productivity

The second financial test in the Long Term Plan requires the NHS to achieve cash releasing productivity growth of at least 1.1% a year, with all savings reinvested in frontline care. Systems are responsible for agreeing and delivering actions to deliver financial recovery and improve productivity. As part of this, national support is available to help systems plan and deliver improvements in productivity in each of the ten priority areas from the Long Term Plan where there are proven efficiency opportunities. The asks of the NHS includes:

Improving clinical productivity and releasing more time for patient care forms an integral part of the interim NHS People Plan and the NHS Long Term Plan. To support all systems to be using electronic tools (including e-rostering and e-job planning) by 2021 and evidence-based approaches to staffing by 2023, support available from the national team can be found [here](#).

Maximising the buying power of the NHS, including through the use of the Purchase Price Index and Benchmarking Tool (PPIB), GIRFT clinically led procurement work and Support Supply Chain Coordination Limited (SCLL). Support to deliver this can be found [here](#).

Supporting the development of **pathology networks** across England by 2021 and of **diagnostic imaging networks** across England by 2023. Support to deliver this can be found [here](#).

Supporting pharmacy staff to take on increased patient facing clinical roles and, through the Medicines Value Programme, help the NHS **deliver better value from the £16 billion annual**

spend on medicines The Pharmacy and Medicines Optimisation Team will continue to work with systems to support this and further details can be found here.

System plans to set out how they will collectively deliver **an additional £700m savings in administration costs by 2023/24** (£290 million, commissioners; over £400 million, providers). Systems should plan on the basis that total running costs across CCGs and system-level bodies are reduced or held flat in cash terms from 2020/21 onwards. National support for this can be found here.

Financial Test 5 in the Long Term Plan requires the NHS to make better use of capital investment and its existing assets to drive transformation. Capital budgets will only be confirmed at the upcoming Spending Review. Planning assumptions for the current provider self-financed capital spend and nationally-funded capital schemes will be provided by regions in July 2019. We will provide an initial baseline for each area in July and ask systems to identify their priorities within that and prioritise investments above that should the funding be available. National support for estates and facilities can be found here.

The national Evidence-Based Interventions Programme (EBI) published statutory commissioning guidance for 17 interventions in November 2018 to reduce harm and free up resource. As they implement the guidance to free up capacity through the reduction of 128,000 interventions, systems can draw on national support that can be found here.

The national Patient Safety Strategy will be published in summer 2019, setting out how we will continue to improve patient safety, preventing harm and the substantial costs associated with it. Systems will be expected to set out how they will contribute to the improvements described within the upcoming national strategy, to the agreed timetable within their local plan. Support from the national team can be found here.

8.3 Reducing Variation Across The Health System

Financial Test 4 in the Long Term Plan requires the NHS to reduce variation across the health system, improving providers' operational and financial performance. A number of different national programmes are focused on supporting the NHS reduce variation in quality, access and outcomes. Systems should draw on these resources as they develop local plans that will tackle variation in service provision and address health inequalities within their local population.