NHS
West London
Clinical Commissioning Group

Older People's Provider Network

Achieving strategic objectives: The NHS Long Term Plan

15 October 2019

NHS long term plan: a summary

- Published 7 January 2019
- Aims to:
  - save almost half a million lives
  - stop 85,000 premature deaths each year
  - prevent 150,000 heart attacks, strokes and dementia cases
  - give mental health help to 345,000 more children and young people
  - create a “digital front door” into NHS services through cutting edge technology.
- Very clear areas of focus, with specific outcomes to be achieved.
- Key delivery mechanism is through **Integrated Care Systems**
  - Integrated care systems to cover the whole country by 2021, typically involving a single CCG, and with populations over one million
  - Each area will have the opportunity to earn greater authority as they develop and perform through a new ICS performance framework, including earned financial autonomy
  - Full engagement with primary care, including through a named accountable Clinical Director of each primary care network, and a primary care strategy to accompany each ICS’ five year plan
  - A partnership board with members from commissioners, trusts, and primary care and a non-executive chair. There is a clear expectation that local authorities, community sector and the third sector will wish to participate

NHS long term plan: integrated community care priorities

Primary and community care

- MCP/PACs models have indicated combined emergency growth rate is 1.6% - lower than the rest of the NHS, suggesting that community service redesigns focused on integration will be the driver to boost out of hospital care and dissolve the primary/community care divide.
- Over the next five years, every patient will have the right to **online 'digital' GP consultations**, and redesigned hospital support will be able to **avoid up to a third of outpatient appointments**
- **GP practices – typically covering 30-50,000 people** – will be funded to create integrated teams of GPs, community health and social care staff. GPs will sign new "**network contracts**" as part of NHS England plans to extend the scope of primary and community services – to deliver fully integrated community-based health care and risk stratification to reduce unwarranted variation from 202/21
- Within 5 years over 2.5 million more people will benefit from '**social prescribing'**, a personal health budget, and support for managing their own health.
- **Personalised care model** to 2.5 million people by 2023/24m and accelerated roll out of personal health budgets.
- **Investment in primary medical and community services will grow faster** than the overall NHS budget- a ring-fenced local fund worth at least an extra £4.5 billion a year in real terms by 2023/24.

Aging well/ older people

- Helping more people to **live independently** at home for longer
- Developing more **rapid community response teams** to prevent unnecessary hospital spells, and speed up discharges home.
- Upgrading NHS staff support to people living in care homes with the **enhanced care in care homes model** for all areas
- Improving the recognition of **carers** and support they receive
- **Dementia** support through enhanced community MDT and the NHS Comprehensive Model of Care
- Giving more people more say about the care they receive and where they receive it, particularly towards the **end of their lives**.

NHS long term plan: integrated community care and prevention

Emergency care

- Improved responsiveness of the **community health crisis response services** – delivering services within two hours of referral, in line with NICE guidelines. All areas to deliver **reablement care** within two days of referral for those that need to
- Emergency 'admissions' treated through '**same day emergency care**' without need for an overnight stay. Across all acute hospitals, increasing the proportion of acute admissions typically discharged on day of attendance from a fifth to a third.
- Partnership with local councils further action to **cut delayed hospital discharges** will help free up pressure on hospital beds.

Prevention and health inequalities.

- Specific new evidence-based NHS prevention programmes, including cutting smoking; to reduce obesity, partly by doubling enrolment in the successful **Type 2 NHS Diabetes Prevention Programme**; to limit a**lcohol-related A&E admissions**; and to **lower air pollution.**
- A focus on cutting **smoking in pregnancy**, and by people with long term mental health problems; ensure people with **learning disability and/or autism** get better support; provide outreach services to people experiencing **homelessness**; help people with **severe mental illness** find and keep a job; and improve **uptake of screening and early cancer diagnosis**
- **Obesity** support targeted to type 2 diabetes patients, hypertension and those with a BMI over 30. Clear focus on diabetes prevention
- **Physical health checks to an additional 110,000 people a year by 2023/24**
- The five year funding allocations will be based on assessment of health inequalities and unmet need, funding more to geographies with high health inequalities.
- Every local area across England will be required to set out specific measurable goals and mechanisms by which they will contribute to narrowing health inequalities over the next five and ten years.

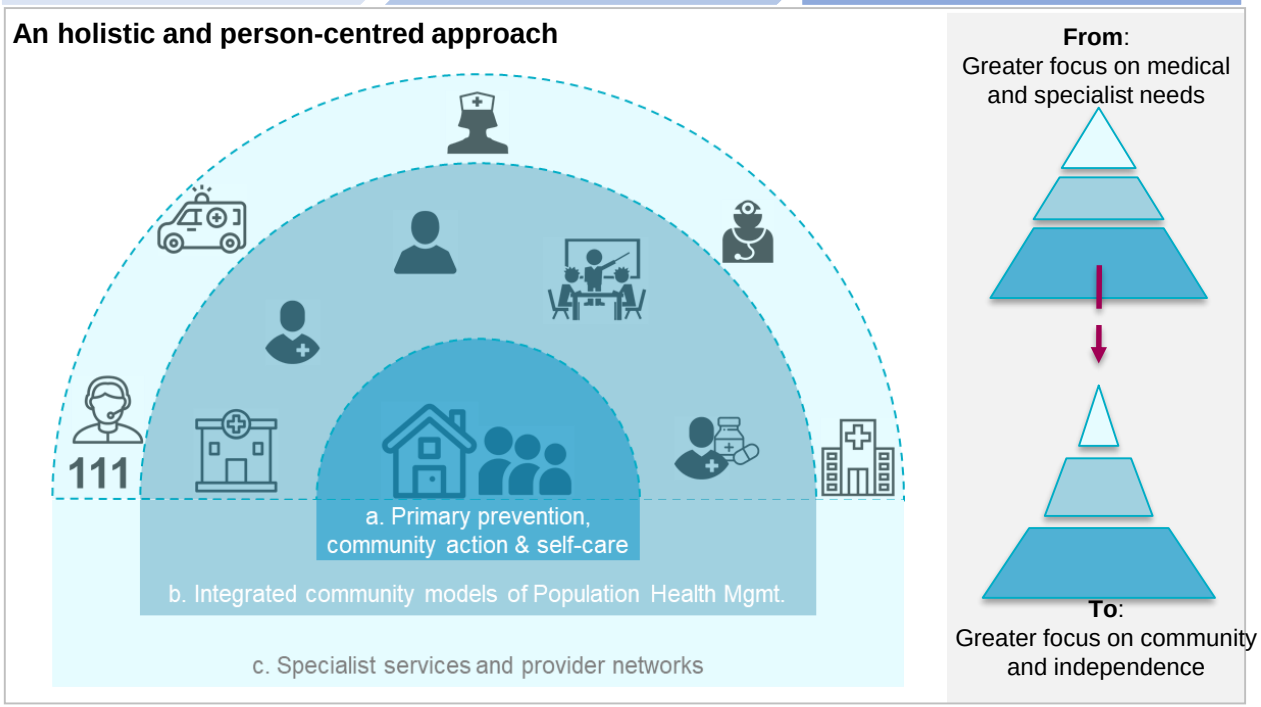
A renewed health and care vision for London

- At the same time that we are developing our plans as a system for integrated care, The London Health and Care Strategic Partnership Board commissioned a **renewed health and care vision**
- There are certain elements of clinical transformation that have been successful when London came together to realise benefits, such as with **stroke and cardiac – the new London strategy aims to identify where it would be useful for us to work together pan London**

1. Start well
Giving every child and family the best possible start

2. Live well
Creating a positive place to live in and work

3. Age well
Building communities that support people as they grow older



Improving care across North West London

Improving care across North West London

Life Stages

	We want to give every child and family the best start and continue to support people to live healthy lives		We want to make sure there is care and support when you need it		If you do need to be in hospital, we want you to receive high quality care and spend the appropriate time there	
Start Well	Dental care (children)	Childhood obesity	Asthma (children)	Early intervention psychosis	Personalised care maternity	Complex care needs of children
	Starting well and staying well	CAMHS	Learning disability and autism	Continuity of carer (maternity)		
Live Well		Muscular/skeletal conditions	Coronary vascular disease	Common mental health needs	Outpatients transformation	Safer care
	Diabetes	Digital self-care	Collab. of service delivery cancer	Cancer diagnostics	Living with and beyond cancer	Adults with SLTMH
	Personalised self-care	Alcohol misuse	Primary care	Earlier diagnosis of cancer	Ambulance handovers	Hospital flow pathways
				UTCs	Radiology network	UEC demand management
				Improving patient journey in EC	Specialist support services IUC	New model of IUC
Age Well	Supporting people with Frailty	Dementia	last phase of life	Older people in crisis	Enhanced front door pathways	Discharge to assess
	Social prescribing					

NHS
West London
Clinical Commissioning Group

Thank you

Email: kalwant.sahota@nhs.net
Website: www.westlondonccg.nhs.uk