

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

EXECUTIVE SUMMARY
COUNCIL OF GOVERNORS
2ND DECEMBER 2014

Subject:	NHS England Five Year Forward View – A Summary
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PURPOSE OF THE REPORT:

To provide a summary of the NHS England Five Year Forward View and a high level commentary on the key issues for Sheffield Teaching Hospitals NHS Foundation Trust.

KEY POINTS:

- The NHS Five Year Forward view sets out NHS England's strategy for the NHS for the next five years and is endorsed collectively by Monitor, the NHS Trust Development Authority, Care Quality Commission, Public Health England and Health Education England¹.
- New relationships between organisations, patients and the public are described.
- Prevention strategies and self-management are key to the reduction in demand for health care services.
- The report outlines seven models for future service provision whereby NHS England want local areas to choose from them.
- The report indicates that an estimated £30bn funding gap cannot be closed without more funding, alongside further action on demand and efficiency.

IMPLICATIONS

	Aim of the STHFT Corporate Strategy 2012-2017	Tick as Appropriate
1	Deliver the Best Clinical Outcomes	✓
2	Provide Patient Centred Care	✓
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	✓
5	Deliver Excellent Research, Education & Innovation	✓

RECOMMENDATION(S):

The Council of Governors is asked to:

- Receive the summary of the NHS England Five Year Forward View and note the potential implications.

APPROVAL PROCESS

Meeting	Presented by	Approved	Date
Board of Directors	DSO & CEO		19 November 2014
Council of Governors	DSO & CEO		2 nd December 2014

¹ The full document is available at <http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

NHS England Five Year Forward View – A Summary

1. Introduction

NHS England (NHSE) published its Five Year Forward View on 23rd October², which aims to provide a strategic framework within which the NHS will operate and develop in future years. The document has been led by Simon Stevens, Chief Executive (NHSE) and has shared branding with Monitor, the NHS Trust Development Authority (TDA), Care Quality Commission (CQC), Health Education England (HEE) and Public Health England (PHE).

This paper provides a summary of the NHS England Five Year Forward View and a high level commentary on the key issues for Sheffield Teaching Hospitals NHS Foundation Trust (STH).

2. Context

Against the backdrop of the common challenges facing health systems, which include changes in patient health needs, personal preferences, treatments, technologies and central funding, the specific imperatives that NHSE identifies as the rationale for their strategy to drive change across the NHS include:

- **The health and wellbeing gap**
 - prevention strategies are needed to reduce health inequalities and prevent further increasing proportions of funds and services allocated to treating avoidable illness.
- **The care and quality gap**
 - reshaping care delivery and harnessing technology to reduce variation in quality, safety and outcomes.
- **The funding and efficiency gap**
 - matching 'reasonable' funding levels with system efficiencies.

There are three overarching elements of the NHSE strategy – prevention, service delivery reform, and implementation.

3. Prevention

The report describes the significant issues in prevention and public health providing a number of material points, including:

- Fewer than one-in-ten 5 year old children are obese, but by the time they reach 11 years old, nearly one-in-five are then obese
- One in five adults still smoke
- A third of people drink too much alcohol
- A third of men and half of women don't get enough exercise
- Almost two thirds of adults are overweight or obese.

These patterns are influenced further by wider health inequalities and therefore require a number of behaviour changes:

- **Incentivising and supporting healthier behaviour** - focusing specifically on strategies to reduce and prevent smoking, obesity, and harmful drinking.
- **Local democratic leadership on public health** – giving local authorities and Health and Wellbeing Boards stronger powers to more rapidly implement localised public health improvement strategies.

² Five Year Forward View – NHS England <http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>; 23 October 2014. DH

- **Targeted prevention** – emphasising the NHS’s role in secondary prevention, through proactive primary care, more systematic use of evidence-based interventions and strategic investment decisions.
- **NHS Support to help people get in and stay in employment** – implementing the new Fit For Work scheme and improving access to NHS services for at-risk individuals.
- **Workplace health** - incentivising employment-based access to NICE-approved mental and physical health programmes, and the NHS specifically to ‘set a national example’ on healthy lifestyles

The report highlights the importance for delivering some services in specialist centres, whilst at the same time working to provide, where possible, care closer to home for multiple health conditions.

NHSE have described their focus on strategies that aim to personalise care by empowering patients such as:

- improving patient access to their records;
- giving patients a greater say and control over their healthcare; and,
- facilitating improved personal health monitoring and management.

NHSE has stated its intention to introduce a scheme to give voluntary access to integrated personal commissioning (IPC) to help provide greater choice and flexibility for patients where services are provided across health and social care.

4. Service delivery reform

NHSE considers the strengthening of primary and out-of hospital care as critical to effective service delivery transformation across the NHS. Several immediate measures to stabilise general practice have been stated that include:

- Stabilised core funding for the next two years while an independent review examines resource distribution for primary care;
- Giving CCGs greater influence over the wider NHS budget to facilitate a shift in investment from acute to primary and community services; and
- New funding through schemes such as the Challenge Fund to improve GP infrastructure and services availability, and GP training and recruitment and retention schemes.

Seven new care delivery models will be prioritised and promoted by NHSE:

Multispecialty Community Provider (MCPs) – providing an opportunity for groups of GPs to combine with nurses and other health professionals to create an integrated out-of-hours hospital care model

Primary and Acute Care Systems (PACs) – to enable Hospitals to open their own GP surgeries with registered lists. This will enable hospitals to become accountable for the delivery of the whole health care package for a registered list of patients

Urgent and Emergency Care Networks – ensuring the sustainability of care through a better organised and simplified system that supports integration and helps patients get the right care at the right time in the right place; including evening and weekend access to GPs and nurses in well-equipped community bases, greater use of pharmacists as well as building on the successes of major trauma centres.

Viable Smaller Hospitals – smaller district general hospitals should not be providing complex acute services where there is evidence that high volumes are associated with high quality and therefore re-provision of some services to other locations will continue to apply. However, help will be provided to sustain local hospital services where the best solution clinically is affordable along with partnership opportunities with other hospitals.

Specialised Care - NHSE will work with local partners in a 3 year rolling programme of reviews with specialist providers to develop a network of services over a geography, integrating different organisations and services around patients e.g. cancer patients having chemotherapy, follow-up and support services at their local hospitals whilst world leading specialist centres would provide surgery and radiotherapy

Modern Maternity Services – providing options for midwives to take charge of the maternity services they offer

Enhanced health in care homes – providing more support for older people living in care homes through the development of new models of in-reach support, including medical reviews, medication reviews and rehab services

5. Implementation

The implementation of the prevention strategies and reformed care delivery models NHSE intend to focus on a number of approaches for the period;

- **Aligned national leadership**
 - To align the statutory bodies assessment, reporting and intervention regimes and re-energise the National Quality Board to share intelligence and monitor overall assurance on quality.
- **Support a modern workforce**
 - Develop professional skills development and improved education and training; commissioning and expansion of new health and care roles for clinicians and nurses; provide support to evolve work and pay systems.
- **Exploit information**
 - health apps for patients; interoperable electronic health records; on-line family doctor appointments and electronic and repeat prescribing; joining up of hospital, GP, administrative and audit data;
- **Accelerate health innovation**
 - Testing of three new mechanisms to support innovation in healthcare delivery alongside Academic Health Science Networks, which includes expanding NHS operational research
- **Drive efficiency and productivity**
 - To address the predicted £30 billion funding gap by 2020/21, NHSE will focus on reducing demand through prevention; increase the efficiency gain from 0.8% to 2.0% from now until 2020; and through varied funding approaches.

6. High Level Considerations for Sheffield Teaching Hospitals NHS Foundation Trust

A key aspect of the NHSE strategy is to substantially improve public health prevention strategies, which NHSE will allow the NHS to cope with increased demand. STH along with many NHS providers have over recent years seen limited examples of reduced demand for services, which have stemmed from prevention strategies. Health and Wellbeing Boards will remain the primary vehicle for the NHS to input into localised decision-making. STH will need to ensure its engagement with activities developed to provide a locally tailored public health prevention strategy.

The Trust will need to consider the opportunities that will arise through integrated models of care and a change in the way smaller providers will work with STH. The Working Together programme is an example of where the wider South Yorkshire provider network is coming together but the new models will allow this community to think more broadly. The outcome of the Dalton Review, the national work urgent and emergency care and the proposals for variants of integrated and accountable care organisations all present further opportunities, which the Trust has yet to fully consider or set a strategic plan in place to address.

There is a lack of clarity on NHSE intentions with regards to specialised commissioning in particular the detail within the programme of reviews, the extent of the need to consolidate or the risk that will arise through prime contracting or capitated budgets. The Trust has a significant number of specialised services that underpin the reputation as a major teaching hospital and therefore will need to ensure that efforts continue to ensure compliance with the national specifications to maintain services.

The document sets out the ambitions to ensure that there is an equal response to mental and physical health and treating the two together. There is a wider ambition to ensure that a genuine parity of esteem by 2020. NHSE references current and planned initiatives including the introduction of waiting standards for mental health from next April. Of significance to STH there is an indication that funding will be available to integrate mental health crisis services, specifically including liaison psychiatry, to mitigate the impact on urgent and emergency care services. STH will continue working closely with Sheffield Health and Social Care NHS Foundation Trust on this agenda. Alongside this it highlights support for people with dementia, and the proposes a five year approach to offer consistent standards of support for patients newly diagnosed – including named clinicians or advisors to develop proper care plans developed in partnership in partnership with carers and families.

Finally, the likelihood of little or no further operating investment in the NHS will continue to provide challenges to STH. The report recognises that more money is needed for the NHS to support patient care and the transition to new models of care, but that efficiency requirements will be required. There is a risk that efficiency levels are increased to close the funding gap, but overall whatever the level of efficiency gains required, the Trust will need to ensure that it has robust plans in place to be able to deliver the minimum levels required to ensure financial stability and allow for future investments to be made.

7. Recommendation

The Council of Governors is asked to;

- a) Receive the summary of the NHS England Five Year Forward View and consider potential implications for the Trust.