

Five Year Forward View

Governing Body meeting

4 December 2014

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Sponsor	Tim Furness, Director of Planning and Partnerships
Is your report for Approval / Consideration / Noting	
The attached report is for discussion and assurance	
Are there any Resource Implications (including Financial, Staffing etc)?	
None	
Audit Requirement	
<u>CCG Objectives</u>	
<p>The Five Year Forward View and CCG response contributes to all the CCG objectives:</p> <ul style="list-style-type: none"> • To improve patient experience and access to care • To improve the quality and equality of healthcare in Sheffield • To work with Sheffield City Council to continue to reduce health inequalities in Sheffield • To ensure there is a sustainable, affordable healthcare system in Sheffield 	
<u>Equality impact assessment</u>	
<i>Have you carried out an Equality Impact Assessment and is it attached?</i> No	
<i>If not, why not?</i> Not applicable at this stage	
<u>PPE Activity</u>	
<i>How does your paper support involving patients, carers and the public?</i>	
The Five Year Forward View has had patient, carer and public engagement in its development and the CCG plan to undertake an engagement exercise within Sheffield in the new year.	
Recommendations	
The Governing Body is asked to consider the questions being asked of the NHS in the Five Year Forward View and discuss the CCG response.	

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1. Introduction / Background

This paper sets out information on the NHS Five Year Forward View which was published by NHS England, Monitor, the CQC, Health Education England, Public Health England and the Trust Development Agency on 23 October 2014 (<http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>). It then seeks to prompt discussion about the implications of the Five Year Forward View for the CCG.

The Five Year Forward View sets out how the health service needs to change, a vision of a better NHS, the steps that we as a CCG should take and how we need to work with our partners to deliver the vision. It represents a shared view of the NHS and is intended both to prompt thinking in the NHS and to prompt a public and political debate about the challenges we face and the scale of change we need to implement to address the widening gaps in the health of the population, quality of care and the funding of services. A brief summary of the content of the document is attached as Appendix 1.

2. Challenges and questions

The Five Year Forward View outlines the challenges and poses a number of questions to the NHS to further discuss and respond:

- a clear vision beyond just confronting the financial gap, setting out the contribution citizens, patients, the NHS and its partners can make to the health of our nation, and the transformation required to meet the challenges ahead;
- a shared understanding of the extent and nature of the gap between where we are and where we need to be, including: the financial challenge, the 'health' opportunity and the 'care' opportunity. Transformation requires all three to be tackled;
- a range of care models that could help close these gaps, and the key incentives and enablers we need to put in place to support delivery;
- priority areas for targeting transformation and the potential benefits for patients and taxpayers;
- actions that NHS England can take to create the conditions for local action and improve care for the patients of today and tomorrow.

3. CCG current position

In preparation for the Five Year Forward View, the planning process for CCGs changed in 2014 and each CCG was required to develop a five year plan which included the first two years of operational delivery in detail so that it was clear that progress is being made against the longer term goals and the service transformation needed to realise them.

The CCG is now in the second year of the five year strategic plan which sets out the vision, aims and objectives of the organisation. The CCG identifies how it will address the financial constraints and recognises that most health services in Sheffield are seeing

increased demand and the acute hospitals in particular remain under significant pressure. It also set out how the CCG will work with partners and the public on transforming services across Sheffield.

The CCG has assessed the health of Sheffield and recognise that despite the progress made in improving the health of the population over the last few years there continues to be significant inequalities. These inequalities are described in detail in the reports of the Director of Public Health and the Joint Strategic Needs Assessment.

We recognise that in order to transform we need to work in partnership and develop new models of commissioning. Through the Integrated Commissioning Programme (incorporating the Better Care Fund) a new model of commissioning has been established which should support Sheffield's current transformation programmes, Right First Time and Future Shape Children's Health, both of which are partnerships between SCC, the CCG and provider organisations.

The transformational changes being planned will alter the way healthcare is delivered in Sheffield, with more emphasis on supporting people to keep well and more care and treatment in community settings, with less care delivered in hospitals.

This will be reflected in contracts with the local Foundation Trusts, primary care providers, voluntary sector organisations and a wide range of other providers of acute and community healthcare. For some, it will mean significant change in how they deliver services and this will of course affect the clinicians delivering those services.

General practice continues to work to develop how it can operate at a scale that can deal with the increasing demands placed on it. In Sheffield general practice is already well placed to move forward on this way of working via our GP Association (GPA) model.

A GP Provider Assembly has been developed which gives general practice providers a voice within city wide fora, and beyond. The Assembly is considering models of delivering services being provided closer to people's home and not in a hospital setting.

4. Partner and Public Engagement

The publication of the Five Year Forward View and the national publicity it generated provides a useful prompt for further discussion about the future shape of health and care services in Sheffield with partners and the public, building on the work we did in developing our Commissioning Intentions for 2014/19. We might want to plan that discussion in collaboration with partners in the health and social care system, including the Foundation Trusts and the Local Authority, in line with the spirit of the Five Year Forward View.

5. Questions for Discussion

Governing Body members will recognise many of the issues raised in the report and that we have plans in place to address these for Sheffield. We are developing ideas about new models of commissioning and delivering of services, working in partnership and establishing clear views on the approach it plans to take to transform services in the future. The questions we might ask ourselves, prompted by the Five Year Forward View, include:

- To what extent will our strategic aims deliver the Five Year Forward View in Sheffield?

- What should we do differently as a result of the Five Year Forward View?
- Is there anything we should stop doing?
- How should we conduct a conversation with our partners and the public about the Five Year Forward View in Sheffield?

6. Recommendations

The Governing Body is asked to consider the questions being asked of the NHS in the Five Year Forward View and discuss the CCG response.

Paper prepared by Jackie White, Interim Head of Governance and Planning

On behalf of Tim Furness, Director of Planning and Partnerships

18 November 2014

Summary – NHS Five Year Forward View - Vision and Road Map for change

Challenges

- The health and wellbeing gap
- The care and quality gap
- The funding and efficiency gap

The Road Map

- Strengthening Primary Care
- Improving prevention and strengthening public health
- Empowering patients and engaging communities
- New models of care

Strengthening Primary Care

- Stabilising core funding for GPs
- Giving GP-led Clinical Commissioning Groups more influence over the wider NHS budget, enabling a shift in investment from acute to primary and community services
- Providing new funding to support new ways of working and improved access to services
- Expanding funding to upgrade primary care infrastructure and scope of services
- Expanding the number of GPs in training while training more community nurses and other primary care staff
- Designing new incentives to encourage new GPs and practices to provide care in under-doctored areas
- Building the public's understanding that pharmacies and on-line resources can help them deal with minor illness and injury

Improving prevention and strengthening public health

- National action
 - Obesity
 - Smoking
 - Alcohol
- Workplace initiatives to promote employee health and cut sickness related unemployment
- Cut access to unhealthy products on NHS premises
- Measure and promote staff health and wellbeing
- Support “active travel” schemes for staff and visitors
- Strengthen the role of occupational health

Empowering patients – greater control of their care

- within five years people will be able to access their medical and care records and share them with carers or others they choose
- people will be better supported to manage their own health, staying healthy, making informed choices of treatment, managing conditions and avoiding complications
- the direct control patients have over the care that is provided to them will be increased

Engaging communities

- better support for carers
- creating new options for health-related volunteering
- designing easier ways for voluntary organisations to work alongside the NHS
- using the role of the NHS as an employer to achieve wider health goals

New models of care

- Multi-specialty community providers
- Primary and acute care systems
- Urgent and emergency care networks
- Viable smaller hospitals
- Specialised care networks and consolidation
- Modern maternity services
- Enhanced health in care homes

Delivering the road map

- Back diverse solutions and local leadership
- Provide aligned national NHS leadership
- Support a modern workforce
- exploit the information revolution
- Accelerate useful health innovation
- Drive efficiency and productive investment
 - Demand
 - Efficiency
 - Funding

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November 2014