



<b>MEETING TITLE</b> Public Trust Board		<b>MEETING DATE</b> 25/11/2014	
<b>TITLE of PAPER</b>	NHS Five-year Forward View (5YFV) Overview	<b>PAPER REF</b>	5.5
<b>STRATEGIC OBJECTIVE</b>	All		
<b>PURPOSE OF THE PAPER</b>	To provide the Trust Board with an overview of the NHS Five-year Forward View		
<b>For Approval</b>	<input type="checkbox"/>	<b>For Assurance</b>	<input type="checkbox"/>
<b>For Decision</b>	<input type="checkbox"/>	<b>Discussion/Information</b>	<input checked="" type="checkbox"/>
<b>AUTHOR / LEAD</b>	Rod Barnes Interim Chief Executive	<b>ACCOUNTABLE DIRECTOR</b>	Rod Barnes Interim Chief Executive
<b>DISCUSSED AT / INFORMED BY N/A</b>			
<b>PREVIOUSLY AGREED AT:</b>	<b>Committee/Group:</b>	<b>Date:</b>	
<b>RECOMMENDATION</b>	The Trust Board is asked to consider the contents of the 5YFV		
<b>RISK ASSESSMENT</b>		<b>Yes</b>	<b>No</b>
Corporate Risk Register and/or Board Assurance Framework amended		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource Implications (Financial, Workforce, other - specify)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal implications/Regulatory requirements		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Equality and Diversity Implications		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>ASSURANCE/COMPLIANCE</b>			
Care Quality Commission <b>Choose a DOMAIN</b>		All	
Monitor Quality Governance Framework <b>Choose a DOMAIN</b>		All	

## 1. PURPOSE/AIM

- 1.1 To provide the Trust Board with an overview of the NHS Five-year Forward View (5YFV) and implications for YAS strategic direction.

## 2. BACKGROUND/CONTEXT

- 2.1 The 5YFV was published on 23 October 2014 and sets out a vision for the future of the NHS. It has been developed by the partner organisations that deliver and oversee health and care services including NHS England, Public Health England, Monitor, Health Education England, the Care Quality Commission and the NHS Trust Development Authority.
- 2.2 Patient groups, clinicians and independent experts have also provided their advice to create a collective view of how the health service needs to change over the next five years if it is to close the widening gaps in the health of the population, quality of care and the funding of services.
- 2.3 The document sets out the challenges ahead for the NHS and identifies three key pressures:

**Demand:** Changing health needs and patient preferences, including the growth in long term conditions and the desire on the part of more patients and their carers to be more informed and involved in decision making.

**Efficiency:** Changing treatment, technologies and care delivery methods, facilitating speedier implementation of new treatment and technologies, reducing variations in quality and safety and reshaping care delivery to overcome barriers to integrated working between hospitals, primary and social care .

**Funding:** Constraints on health service funding growth, balancing system efficiencies with reasonable funding levels.

- 2.4 The 5YFV goes on to identify a number of initiatives and commitments on all three areas to sustain a comprehensive high quality NHS, arguing for a “radical upgrade” in prevention and public health and a more engaged relationship with carers, patients and citizens.

### 2.5 Prevention

Drawing upon Public Health England’s new strategic priorities to tackle obesity, smoking and excessive drinking, reducing the risk of dementia and ensuring children get the best possible start in life, the 5YFV advocates incentivising and supporting healthier behaviour and stronger national and local leadership. Measures identified include increasing targeted personal support, clearer labelling and information, changes to marketing, pricing and product formulation and limiting planning permission for junk food outlets.

The strategy calls for greater emphasis on targeted lifestyle early intervention measures to tackle growth in diabetes and obesity rates and identifies that the NHS needs to do more to support people in employment stay healthy by improving access to NHS services for at-risk individuals and extending incentives for employers providing NICE recommended workplace health programmes for their employees.

The 5YFV also calls on individual NHS organisations to do more by cutting access to unhealthy food products on NHS premises, introducing voluntary work-based fitness schemes, supporting “active travel” schemes, strengthening occupational health support and promoting national initiatives such as the Workplace Wellbeing Charter.

## 2.6 Empowering Patients and Engaging Communities

Recognising the experiences and expertise of patients and carers in their own care is identified as central to improvements in personalised care. To support this the 5YFV calls for patients to be given improved access to clinical advice and information about their condition and identifies the need for stronger links with the voluntary sector, investment in digital technologies and speed up record sharing, self-management educational courses and greater support to encourage the development of peer-to-peer communities. The strategy also reiterates the move to greater use of personal health budgets to support integration and allow patients greater say in their care.

The 5YFV calls for greater recognition of the contribution carers and volunteers make to the sustainability of NHS services citing the YAS Community First Responder Scheme as one of several best practice examples. Arguing that the voluntary sector also has a role to play in educating people in the management of long-term conditions and vaccination programmes, the strategy calls for more support to be given for NHS staff and the public undertaking such roles through flexible working or council tax credits.

## 2.7 New Models of Care

The strategy calls for no more top-down reorganisations, but instead the development of new models to suit local needs. Health economies are advised to adopt solutions best suited to local circumstance whilst not letting ‘a thousand flowers bloom’.

Locally the 5YFV cites Airedale Hospital’s tele-health hub linking consultants to nursing and residential homes and Rotherham GPs’ work with voluntary services to manage long term conditions in the community are also cited as examples of best practice in order to reduce avoidable admissions.

A number of options for new care provider models are set out within the strategy, supporting integrated care around the patient and out-of-hospital care.

**Multispecialty Community Providers (MCPs):** Larger GP group practices potentially employing hospital consultants, senior nurses and psychiatrists to work alongside community practitioners including nurses, pharmacists and social workers. It is envisaged MCPs could provide outpatient consultations and take over the running of local community hospitals.

**Primary and Acute Care Systems (PACS):** Vertically integrated organisations providing both GP and hospital services, taking accountability for all of a local population's health needs.

**Urgent and Emergency Care Networks:** focused on helping patients to get the right care, at the right time in the right location by strengthening clinical triage, developing networks of hospitals linked to specialist emergency centres and making more appropriate use of primary care, community mental health teams, ambulance services and community pharmacists.

**Viable Smaller Hospitals:** sustaining local hospital services by reviewing payment regimes for smaller providers, exploring new models of medical staffing and shared management and franchised service arrangements.

**Specialist Care:** Greater concentration of services requiring facilities and equipment, higher levels of clinical experience and a strong relationship between clinical outcomes and patient volumes.

**Modern Maternity Services:** The 5YFV suggests commissioning a review of future models of maternity units and making it easier for midwives to set-up their own NHS funded midwifery services.

**Enhanced Health in Care Homes:** The development of health and social care in-reach services to care homes providing health assessments, medication reviews and rehabilitation services.

Local communities will have access to national and regional expertise to support their implementation from clinical senates, the NHS Leadership Academy and Academic Health Science Centres.

## 2.8 Finance

The strategy states that new pricing mechanism will be introduced to support change. It also sets out a number of financial scenarios for the NHS, ultimately calling for increased levels of health funding, but states that its ambition for the NHS is for it to achieve 2% net efficiency gains each year for the rest of the decade.

There is also a call for working patterns and employee payment structures that reward performance and encourage service redesign including the introduction of personal health budgets.

## 2.9 Technology and Innovation

To accelerate the adoption of cost effective innovation the strategy seeks to streamline the approval process for medicines Randomised Control Trials and the roll out of high value innovations. The document also recommends the setting up of a small number of 'test bed' sites for new technologies and staffing models which will be open to international competition.

The 5YFV also calls for research into how best to evolve GP out-of-hours and NHS 111 services to improve patients understanding of when and where to seek care and the most appropriate use of ambulance and A&E services.

A National Information Board has been established to focus on key systems that enable different parts of the NHS to work together via interoperable electronic health records, NHS accredited patient health apps and web based appointment booking.

Many of the proposals contained within the 5YFV have been discussed and socialised in other reports and forums however the document effectively draws these together and persuasively puts forward the case for change.

## **3. PROPOSALS/NEXT STEPS**

- 3.1 The report contains a number of implications for the Trust's future strategic direction in relation to care closer to home, the treatment of patients in alternative care settings, the adoption of technology such as clinical apps, shared care records and web-based appointment booking.
- 3.2 The full consequences of the 5YFV will be incorporated into the development of our operational two year plan and the refresh of our Integrated Business Plan (IBP) due in spring 2015.

## **4. RISK ASSESSMENT**

- 4.1 Failure of the Board to consider the wider health economy picture and the financial and demand challenges facing the NHS as a whole could undermine the ability of the Trust to provide the care and services required by our commissioners and patients.

## **5. RECOMMENDATIONS**

- 5.1 It is recommended that the Board consider the contents of the report, particularly in relation to the implications for the Trust's future strategy.

## **6. APPENDICES/BACKGROUND INFORMATION**

Appendix 1 NHS Five-year Forward View