

**4 February 2015****Agenda Item: 4****REPORT OF THE CLINICAL LEAD, NHS BASSETLAW CLINICAL  
COMMISSIONING GROUP****THE NHS FIVE YEAR FORWARD VIEW****Purpose of the Report**

1. To provide Board members with an overview of the NHS Five Year Forward View which sets out how the health services needs to change, a vision of a better NHS and the steps which will be required to achieve this vision.

**Summary**

- The NHS Five Year Forward View sets a clear direction for the NHS.
- There is a focus on prevention and public health by national campaigns to target obesity, smoking and alcohol consumption as well as workplace health initiatives.
- Patients will get greater control over their own care, including the option for shared health and social care budgets.
- The NHS will take steps to break down barriers between primary and hospital care, mental and physical health and between health and social care.
- New models of care will be available offering the opportunity for GPs to work together to provide integrated out of hospital care, possibly taking control of the NHS budget or for opportunities for primary and acute care systems which will provide integrated hospital and primary care.
- To allow these new models of care to be implemented, commissioning arrangements for primary care will change.
- To enable the changes, the NHS will provide national leadership to effect local change, allow innovation, support a modern workforce and exploit developments in information technology.
- The NHS can be maintained and developed but only by improving efficiency within the NHS and working with other national and local partners.

## Information and Advice

2. At the end of October 2014 NHS England published its Five Year Forward View which has been developed jointly with Monitor, the CQC, Health Education England, Public Health England and the Trust Development Agency.
3. The Five Year Forward View sets out how the health service needs to change, a vision of a better NHS and the steps required to deliver that vision.
4. The document sets out the case for change identifying three key issues:
  - The health & wellbeing gap addressing health inequalities
  - The care & quality gap addressing variations in care & outcomes
  - The funding & efficiency gap to match reasonable funding levels with system efficiencies
5. The Forward View aims to dissolve the classic divide within health & social care, physical & mental health & between prevention & treatment.
6. Chapter Two of the Forward View offers a new relationship with patients & communities & a focus on prevention, particularly in tackling obesity, smoking and harmful drinking, through hard-hitting & broad based national action as well as through local democratic leadership on public health.
7. It also commits to support new workplace incentive to promote employee health and cut sickness related unemployment and advocate for stronger public health powers for local government.
8. People will also be better supported to manage their own health, to stay healthy and make informed choices about treatment, managing conditions & to avoid complications.
9. Chapter 3 of the Forward View outlines a number of significant changes to future models of locally determined integrated care.
10. The Forward View recognises that one size will not fit all across areas of England but also that is cannot 'let a thousand flowers bloom'. A number of models are proposed which local communities will have the option of implementing locally. These models are described below.
11. **Multispecialty Community providers (MCPs)** would allow a group of GP practices to develop & manage a full range of community services, potentially including employing consultants to develop specialist services. This could also be extended to elements of social care and possibly the management of community hospitals. In time this could also extend to delegated responsibility for managing the health service budget for their registered patients. In this model CCGs would act as commissioner and provider of primary and community services.
12. **Primary and acute care systems (PACS)** would allow vertical integration, enabling acute trusts in some areas to open GP and community services and reinforcing out-of-hospital community based care. At its most radical PACS would take responsibility for the whole health needs of a registered list of patients, under a delegated capitated budget.

13. **Urgent and emergency care networks** would ensure patients get the right care, at the right time, in the right place. This could involve evening & weekend access to GPs or nurses working from community bases equipped to provide a greater range of tests & treatments as well as empowering ambulance services and better utilisation of community pharmacy. Networks of linked hospitals would provide specialist emergency centres & mental health crisis services would be funded & integrated.
14. A model for **viable smaller hospitals** is also proposed, recognising the issues around funding, staffing and management to maintain smaller acute hospitals.
15. The Forward View recognises a model for **specialised care**, for example to provide world class facilities for cancer surgery and radiotherapy while chemotherapy, support and follow up could be offered in local facilities.
16. The document also proposes a model for **modern maternity services** to provide women with more choice, including midwife led facilities.
17. The Forward View also recognises the need for **enhanced health in care homes**. It suggests that the NHS will work in partnership with local authorities and the care homes sector to develop new shared models of in-reach support to include medical reviews, medication reviews and rehabilitation services.
18. It is proposed that the NHS will work with local communities and leaders to identify the changes required in local and national organisations to work together. It would enable a joint approach to developing detailed prototyping of each model, a shared method of assessing local need to inform the preferred local model and there will also be national and regional support to implement changes in care model rapidly and at scale.
19. Following the publication of the 'NHS Five Year Forward View', NHS England also published 'Next Steps towards primary care co-commissioning'. The proposed models of care within the Forward View will require a change to the commissioning arrangements for primary care.
20. There are a number of options described in 'Next Steps' to primary care co-commissioning:
  - Greater involvement of CCGs in decision making
  - Joint commissioning arrangements for primary care between CCGs and Area Teams
  - Delegated primary commissioning arrangements to CCGs
21. These options have previously been presented but 'Next Steps' has significant differences in simplifying the approvals process for joint or delegated co-commissioning, limiting controls for Area Teams over delegated commissioning and more practical assistance for CCGs in issues such as governance.
22. The options for co-commissioning would include general practice services including contractual GP performance management, budget management and complaints management but it would not include any functions relating to individual GP performance. It would include an opportunity to design local incentive schemes, an ability to establish new GP practices and approve practice mergers and also to make discretionary payments.
23. CCGs have been invited to consider their intentions for co-commissioning in January 2015.

24. Locally any changes would require cooperation between CCGs to establish and maintain a commissioning support function, which would not be viable for each CCG individually. This would also support the implementation of the MCP or PACS models of care locally.
25. The 'Forward View' also offers NHS backing to pilot a limited number of models of joint commissioning between the NHS and local government, potentially to allow full joint management of social and health care commissioning. The 'Forward View' suggests that in the long term this may be achieved under the leadership of Health and Wellbeing Boards.
26. The 'Forward View' also offers a commitment to deliver the transformation by providing national leadership for the transformation process, supporting a modern workforce, exploiting the information revolution, accelerating health innovation and driving efficiency and productive investment by looking at demand efficiency and funding.
27. Many of the themes within the NHS Five Year Forward View are not new and are broadly accepted but the new models of care and the associated changes to primary care commissioning could change the landscape of health and social care provision in Nottinghamshire. If successful they could enable the seamless, integrated care which has long been an ambition.
28. There are potential longer term implications for the Health and Wellbeing Board within this new landscape but the immediate changes will be within the health services, particularly within primary care where CCGs will be required to change their constitutions according to their preferred model for co-commissioning.

## **Statutory and Policy Implications**

29. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **RECOMMENDATION**

- 1) That the report be noted.

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## **Constitutional Comments (SB 14/01/2015)**

30. As this report is for noting only constitutional comments are not required.

## **Financial Comments (KAS 19/01/15)**

31. There are no financial implications contained within the report.

## **Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- [The NHS Five Year Forward View](#)  
October 2014
- [Next Steps towards primary care co-commissioning](#)  
NHS England  
November 2014

## **Electoral Divisions and Members Affected**

- All