System Leadership Board PUBLIC	Date: 07/11/2019	Enc: 10
Title: Strategy Update **Author**: Ramona Duguid, System Executive Director of Strategy		

PURPOSE

The purpose of this report is to present the strategy for the North Cumbria Health and Care System for approval.

This report also outlines the contributions to the wider North Cumbria and North East Integrated Care System (ICS) strategy.

KEY POINTS TO HIGHLIGHT

This report is supported with a number of key appendices. Key points on each of the items are summarised below for SLB members:

1. **Our five year strategy for North Cumbria Health and Care.**

   The Sustainability and Transformation Plan previously published in October 2016 set out the strategic direction of travel for the North Cumbria system. This included the commitments made following the public consultation – *healthcare for the future*. Many of the commitments have now been delivered, with Hyper Acute Stroke Care going live from October 2019.

   In November 2018 work commenced to review and refresh our overarching strategy for North Cumbria alongside the publication of the NHS Long Term Plan in January 2019.

   During May – July 2019 engagement with our patients, communities, partners and our staff took place to seek views on the priorities we have set out for the future.

   This feedback was formally reported to the System Leadership Board in September 2019 and has shaped and influenced our strategy and the priorities we have set out.

   The strategy sets out for the next five years our overarching strategic aims, what this means for starting well, living well and ageing well, and how we will respond to meet the requirements of the NHS Long Term Plan. This strategy will guide and direct our collective work and priorities over the next five years.

   The final draft of the strategy has been presented and reviewed by the Health and Wellbeing Board, CCG Governing Body, NCIC Trust Board and CNTW. The final draft of 'Our Strategy for North Cumbria - Building Integrated Care - Happier Healthier Communities' is attached at Appendix 1 for ratification by SLB.

2. **The North Cumbria Integrated Care Partnership (ICP) draft narrative to support the North East and North Cumbria (NENC) Long Term Plan strategic plan.**

   Working with our regional partners, North Cumbria (as an Integrated Care Partnership) is also supporting the development of a NENC strategic plan (as an Integrated Care System). There are nationally mandated timescales for this work with a final deadline of the 15th November 2019 and a national draft submission on 1st November 2019. This work has been being led by NHS England and NHS Improvement. A short draft narrative (in Appendix 2) has been submitted for North Cumbria ICP that will sit alongside the other three ICP narratives within the ICS document. Financial narrative from North Cumbria has also been submitted to support this NENC plan.

3. **Strategic planning tool** activity projections have been submitted for the finance, activity and workforce on 23rd October. That will feed into the wider NENC strategic planning to support interim deadline ICS submission of 1st November 2019. The final ICS submission will be 15th November. Below are the sections being completed as part of this strategic planning tool:

   a. **Finance** (see appendix 3a for more detail)

   Draft finance submission was made on 23rd October 2019.
   The financial modelling was based on the following forecasting assumptions:

   - Above tariff income growth from NCCCG of between 1.9% and 2.6% pa;
   - Changes to specialist commissioning income to align with NHSE assumptions;
   - Assumed cost of activity growth rising to £14m pa by 2023/24;
   - Removal of PSF, FRF and transitional support income from 2020/21 onwards as advised by NHSE;
   - Increased CNST premiums as per national guidance;
   - Removal of configuration savings (£4.4m) assumed in the LTFM in 2023/24;
   - Addition of LTP investment funds on a fair shares basis, and matching expenditure;
   - 3.0% CIP for 2020/21 and 2.0% thereafter.

   b. **Activity** (see appendix 3b for more detail)

   Draft activity submission was made on 23rd October 2019.
   Activity has been modelled using 2018/19 data and the following forecasting assumptions:

   - Impact of demographic change including most significantly a growth in those aged over 65 increasing by 1.6% a year;
   - Assumptions around the impact of agreed pathway changes that are currently being implemented;
   - Assumptions around other non-demographic growth factors;
   - Alignment with financial modelling.

   c. **Workforce** (see appendix 3c for more detail)

   The 5 year workforce forecasting is based on the following forecasting assumptions:

   - Trends from recent years;
   - Alignment with financial modelling;
   - The ongoing reduction in agency spend (medical);
   - Re-organisation of medical rotas/job-planning to provide a sustainable medical staffing model supported by other professions including Physicians Associates;
   - Nursing numbers are expected to increase, with a current model which is heavily based on Band 5 posts. This is likely to change in the future as nurses progress in to advanced care practitioner and advanced nurse practitioner roles alongside the anticipated influx of B4 Nurse Associates.

   A separate and more detailed submission of the workforce data has also been made via the Health Education England eWorkforce tool on 24th October 2019.

   d. System Metrics (see appendix 4 for more details)

   A set of 30 Long Term Plan system metrics have been collated across the NENC as part of the planning submission. Baseline data and five year trajectories have been set by the NENC with input from each of the four ICPs. The details regarding each of these metrics can be found in appendix d.

Developing and updating our strategic direction is a positive achievement for the health and care system. It sets the foundations and clarity of work which all partners within the system will collectively deliver in order to improve health and care outcomes for the local population we serve. All efforts and energy will now move to mobilise deployment of our strategy and the detailed plans which need to underpin delivery.

NEXT STEPS / AREAS OF WORK TO BE PROGRESSED

The final submission deadline for the NENC ICS is 15th November so there may still be some feedback for North Cumbria that we need to respond to regarding the several components of our submissions. We are fully prepared to respond across all areas. We have fully supported the planning process led by NENC and met the required deadlines across all of the North Cumbria submissions.

Significant work will now commence on the service plans which will underpin the delivery of our strategy and is critical to how we deliver this ambitious agenda over the next five years. Work has already begun with our support services, clinical teams and partners to;

- Develop clear and detailed objectives for each year of the five years of Our Strategy;
- Ensuring all areas of the Long Term Plan are covered;
- Ensure that our plans are responding to the needs of our communities, staff and citizens of North Cumbria;
- Ensure our plans are achievable, prioritising appropriately where necessary.

RECOMMENDATION

That members of the system leadership board:

1.1 Approve Our Strategy for North Cumbria;
1.2 Endorse the planning submissions as detailed in the summary and appendices.
1.3 Note the ongoing work with the broader north east and north cumbria region.

Strategy Update
November 2019

1. PURPOSE

The purpose of this report is to update SLB members on the progress with producing the strategy for the North Cumbria Health and Care System. This report also outlines the contributions to the wider North Cumbria and North East Integrated Care System (ICS) strategy and the work which has progressed during October in order to meet the Long Term Plan strategic planning deadlines.

2. PROGRESS WITH DEVELOPING OUR FIVE YEAR STRATEGY FOR NORTH CUMBRIA HEALTH AND CARE

The Sustainability and Transformation Plan previously published in October 2016 set out the strategic direction of travel for the North Cumbria system. This included the commitments made following the public consultation – *healthcare for the future*. Many of the commitments have now been delivered, with Hyper Acute Stroke Care going live from October 2019.

In November 2018 work commenced to review and refresh our overarching strategy for North Cumbria alongside the publication of the NHS Long Term Plan in January 2019. During May – July 2019 engagement with our patients, communities, partners and staff took place to seek views on the priorities we have set out for the future. This feedback was formally reported to the System Leadership Board in September 2019 and has shaped and influenced our strategy and the priorities we have set out.

Some of the high level feedback included:

- Digital should be clearly referenced as an enabler in its own right;
- More emphasis for mental health provision particularly for access to psychological and talking therapies and support services for young people;
- Parity of esteem and our approaches to health inequalities;
- More emphasis on children and young people provision;
- Timely and reliable access to services – primary care, hospital services, outpatients and community appointments;
- Emphasis on delivering services as locally as possible - understanding the impact on patients when having to travel;
- Innovation;
- Reducing our carbon footprint and our impact on the environment to be more visible;
- Strong sense that being remote and rural is both a hindrance and an asset and that we need to utilise the opportunities that this affords in terms of our uniqueness;
- A focus on retention and supporting our workforce is critical;
- Involve patients and the third sector in improving services.

The strategy sets out our overarching strategic aims for the next five years, what this means for starting well, living well and ageing well and how we will respond to meet the requirements of the NHS Long Term Plan.

2.1 North Cumbria Integrated Care NHS Foundation Trust

It is important to highlight that the strategy developed for the North Cumbria system replaces the individual organisational approaches to strategies in health across North Cumbria. This is important to highlight due to this being a core element of the new FT organisation, the Trust Board must be able to demonstrate it is well led and can respond to the following CQC Key Line of

Enquiry; *'Is there a clear vision and credible strategy to deliver high-quality sustainable care to people, and robust plans to deliver'.*

Within the first six months of the new organisation coming into being there will be an independent well led assessment. It is essential therefore that the work on development of the strategy has purposeful engagement with the new care group and middle management teams over the forthcoming months. A key focus of this will be the clinical/service plans that are required to support the delivery of our strategy including the critical service issues that must be addressed in the immediate to medium term.

This is important to highlight in this paper to the system leadership board, given the importance the new provider FT organisation on the patch will have in demonstrating well led improvements across acute and community care.

2.2 Timescales

- The final draft of the strategy has been presented and reviewed by the Health and Wellbeing Board, CCG Governing Body, NCIC Trust Board and CNTW. The final draft of 'Our Strategy for North Cumbria - Building Integrated Care - Happier Healthier Communities' is attached at Appendix 1 for ratification by SLB.
- Work on the service plans to support the strategy and shape the 2020/21 annual plan started in October.

3. NORTH EAST AND NORTH CUMBRIA INTEGRATED CARE SYSTEM LONG TERM STRATEGIC PLAN

3.1 The North Cumbria ICP Narrative to support the NENC ICS Strategic Plan

Working with our regional partners North Cumbria (as an Integrated Care Partnership) is also supporting the development of a North East and North Cumbria strategic plan (as an Integrated Care System). There are nationally mandated timescales for this work with a final deadline of 15th November 2019 and drafts were submitted as planned by 27th September 2019 and 1st November 2019. This work is being led by NHS England and Improvement. A short draft narrative (in Appendix 2) has already been submitted for North Cumbria ICP. A financial narrative from North Cumbria has also been submitted to support this NENC plan. The three other ICPs across the broader region have completed a similar narrative.

3.2 The NENC ICS Strategic Plan highlights

The NENC ICS Strategic Plan is being submitted by the NENC region on 1st November 2019. Below are some of the highlights of the previous submission on 27th September 2019.

NENC ICS Strategic Plan Operating Model

- The importance of working at 'place' with the added value of working 'at scale';
- One integrated care system, supporting our 'places' and integrated care partnerships.

ICS clinical strategy and shared strategic priorities

Improve outcomes for people who experience periods of poor mental health, particularly those with severe and enduring mental illness, and doing more improve the emotional wellbeing and mental health of children and young people and breaking down the barriers between physical and mental health services.

Transform care for people with learning disabilities and autism and improve the health and care services they receive so that more people can live in the community, with the right support, and close to home.

I**mprove how we use digital care and information technology** to meet the needs of care providers, patients and the public, helping people to make appointments, manage prescriptions and view health records online.

Build a motivated and flexible workforce, looking after their health and wellbeing and ensuring that they have the skills and support they need, whilst strengthening our joint arrangements to recruit and retain staff in priority areas.

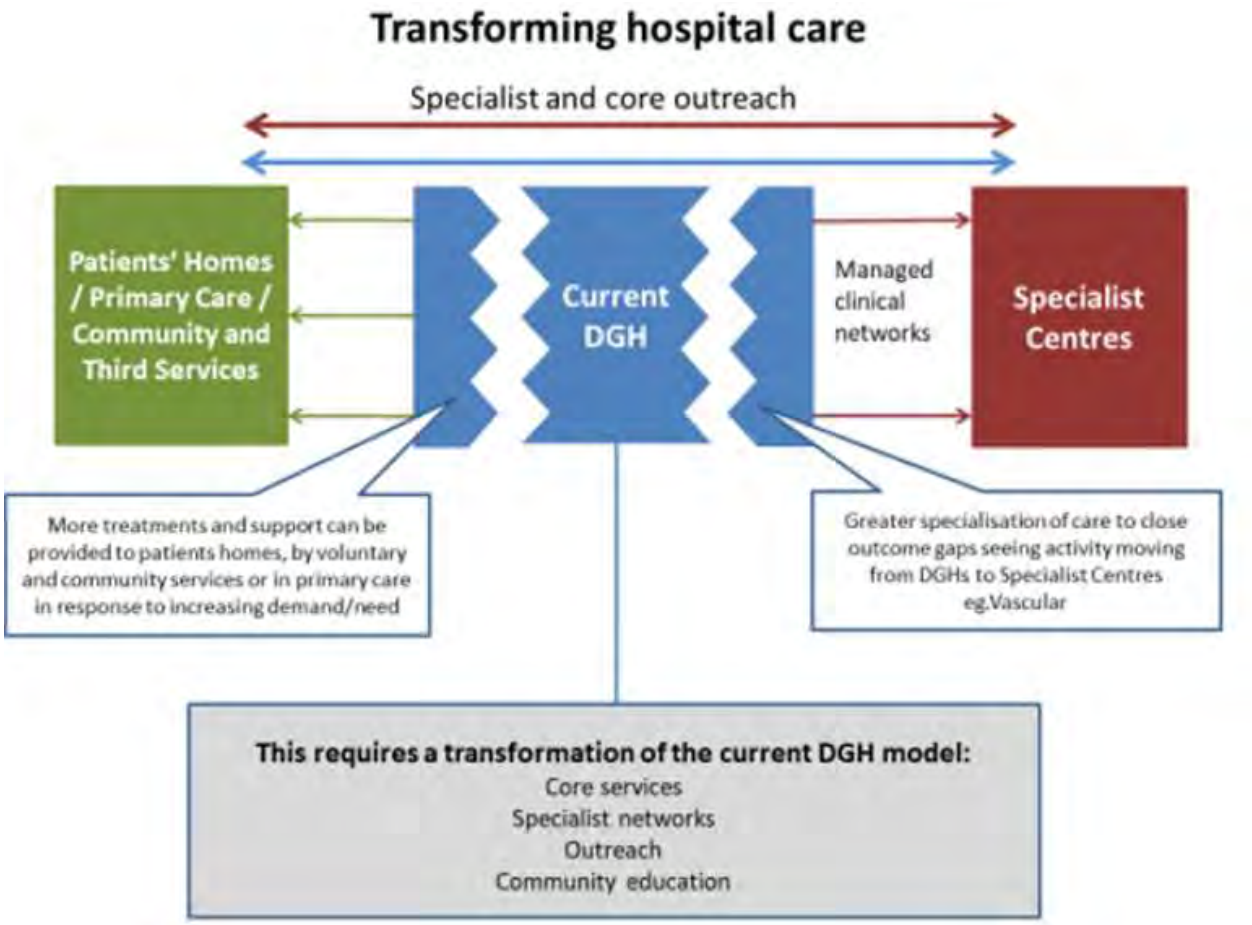
Optimise the quality and sustainability of health services – setting clinical standards, addressing unwarranted clinical variation, maintaining oversight on quality and coordinating initiatives across the ICS to find sustainable solutions for our health services under the greatest pressure, supported by the expertise within our clinical networks.

The operating model and priorities across the broader region are summarised in figure 1 below and an extract from the plan that presents the model for transforming hospital care is displayed figure 2 below.

Figure 1 – High level summary from draft NENC ICS Submission September 2019

Places and neighbourhoods		• Partnership working between NHS and local authorities via **Health & Wellbeing Boards** • Ensuring the quality, safety and accountability of local health services • Primary Care Network development • Health and Social Care Integration initiatives • Joint-working with the local voluntary sector (eg social prescribing) • Embedding population health management • Public and political engagement and consultation
Integrated Care Partnerships		• Focus on acute services sustainability: clinical networking between neighbouring FTs and coordination of service development proposals • One streamlined commissioning hub per ICP • Working towards a single, shared approach to finances, and risk-sharing. • Joint capital planning and sharing premises • Identify and share best practice, reducing unwarranted variation in care and outcomes
Integrated Care System		• Strategic Commissioning (e.g. ambulance) • Overarching clinical strategy and clinical networks • Shared policy development • Emerging ICS-level priorities: - Population Health & Prevention - Optimising Health Services - Workforce Transformation - Digital Care - Mental Health - Learning Disabilities

Figure 2 NENC ICS Strategic Plan extract – model on transforming hospital care



4 Activity, finance, workforce and LTP metrics submissions

As part of the ICP submission into the ICS a Strategic planning tool has been completed with draft numbers submitted for the finance, activity and workforce in September and October with a final deadline for the NENC ICS of 15th November. Below are the sections being completed as part of this strategic planning tool:

Finance (see appendix 3a for more detail)

Draft finance submission was made on 23rd October 2019.
The financial modelling was based on the following forecasting assumptions:

- Above tariff income growth from NCCCG of between 1.9% and 2.6% pa.
- Changes to specialist commissioning income to align with NHSE assumptions.
- Assumed cost of activity growth rising to £14m pa by 2023/24.
- Removal of PSF, FRF and transitional support income from 2020/21 onwards as advised by NHSE.
- Increased CNST premiums as per national guidance.
- Removal of configuration savings (£4.4m) assumed in the LTFM in 2023/24.
- Addition of LTP investment funds on a fair shares basis, and matching expenditure
- 3.0% CIP for 2020/21 and 2.0% thereafter

Activity (see appendix 3b for more detail)

Draft activity submission was made on 23rd October 2019.
Activity has been modelled using 2018/19 data and the following forecasting assumptions:

- Impact of demographic change including most significantly a growth in those aged over 65 increasing by 1.6% a year.
- Assumptions around the impact of agreed pathway changes that are currently being implemented
- Assumptions around other non-demographic growth factors
- Alignment with financial modelling

Workforce (see appendix 3c for more detail)

The 5 year workforce forecasting is based on the following forecasting assumptions:

- Trends from recent years
- Alignment with financial modelling
- The ongoing reduction in agency spend (medical)
- Re-organisation of medical rotas/job-planning to provide a sustainable medical staffing model supported by other professions including Physicians Associates.
- Nursing numbers are expected to increase, with a current model which is heavily based on Band 5 posts. This is likely to change in the future as nurses progress in to advanced care practitioner and advanced nurse practitioner roles alongside the anticipated influx of B4 Nurse Associates.

A separate and more detailed submission of the workforce data has also been made via the Health Education England eWorkforce tool on 24th October 2019.

System Metrics (see appendix 4 for more details) – Submission made on 28th October 2019

A set of 30 Long Term Plan system metrics have been collated across the NENC as part of the planning submission. Baseline data and five year trajectories have been set by the NENC with input from each of the four ICPs. The details regarding each of these metrics can be found in appendix d.

5 RECOMMENDATION

That the board agrees to:

- Approve Our Strategy for North Cumbria;
- Endorse the planning submissions as detailed in the summary and appendices.
- Note the ongoing work with the broader north east and north cumbria region.

Supporting appendices to this report:

Appendix 1 – final draft version of our strategy (appended at the end of this document)
Appendix 2 – North Cumbria ICP narrative submitted as part of the regional ICS process (sent 24th October 2019)
Appendix 3a – FINANCE submission (sent 23rd October 2019)
Appendix 3b - Activity submission (sent 23rd October 2019)
Appendix 3c – workforce submission (sent 23rd October 2019)
Appendix 3d – LTP Metrics submission (sent 28th October 2019)

Appendix 1

Appendix 2 – North Cumbria ICP Narrative

North Cumbria Integrated Care Partnership (ICP) V2
Five Year Operational Narrative Plan outline 2019/20 – 2023/24

Introduction

North Cumbria ICP is a partnership of the following statutory organisations covering a population of 324,000 people:

- One Foundation Trust – North Cumbria Integrated Care NHS Foundation Trust (Formerly North Cumbria University Hospitals NHS Trust and Cumbria Partnership NHS Foundation Trust)
- One CCG – North Cumbria CCG
- One County Council – Cumbria County Council
- Four District Councils – Carlisle, Allerdale, Copeland and Eden District
- One Mental Health Foundation Trust – Cumbria, Northumberland Tyne and Wear NHS Foundation Trust
- One ambulance trust - North West Ambulance Service NHS Trust.

From July 2019, the ICP area also includes 8 Primary Care Networks (Integrated Care Communities). The ICP also has a wide ranging, small and large scale third sector across North Cumbria.

In North Cumbria our health and care providers and commissioners are working in partnership with the County Council, the Third Sector and our community collaborating across all parts of the health and care system to improve outcomes for our local population.

Our **Vison** is *"to build a new integrated health and care system together, using our collective capabilities for a healthier and happier population".*

We will do this by focusing on our three strategic aims:

1. Improve the health and care outcomes of our local communities and support people of all ages to be in control of their own health
2. Build health and care services around our local communities
3. Provide safe and sustainable high quality services across our sparsely populated area

We have already started to make changes, responding to the needs of our communities. Many of the NHS Long Term Plan intentions reflect initiatives already underway and our local needs will help shape how we deliver future national priorities.
In 2016 we held our 'Healthcare for the Future' public consultation about some of the services where there were concerns about the sustainability and this gave us clear priorities which we have implemented.
We are working collaboratively with frontline staff and our communities who have ideas about how things could be better.

By working together, we have already made some real improvements such as:

- We have created eight Integrated Care Communities in North Cumbria where teams of Health and social care professionals, GPs, the voluntary sector and the community are working together as one team to support the health and wellbeing of local people. Their focus is to help people manage long term health conditions, improve access to information about healthier lifestyles and provide more care out of hospital so people can stay as well and independent as possible
- We have developed a Delirium Reach Out Service (Reduce, Educate, Assess and Care with Hope). The service provides proactive management support and intervention so our patients receive the best possible care

- Preventing strokes - Cumbria Fire & Rescue Service is helping to detect Atrial Fibrillation (AF) - an irregular or fast heartbeat. Copeland Community Stroke Prevention project is holding community health checks.

Our health services, North Cumbria Integrated Care NHS Foundation Trust and NHS North Cumbria Clinical Commissioning Group, have been making shared decisions and setting system priorities for some time. Sharing the challenges of finance, workforce and improvement has enabled us to remove the distraction of organisational priorities, helping us to focus our collective resources on patients and communities.
We are also working in partnership with Cumbria County Council to ensure our plans support the overarching aims of the ten year Health and Wellbeing Strategy for Cumbria as well as working together to ensure that health and care is truly joined up.
Working collaboratively with our out of hours GP service Cumbria Health on Call (CHOC), our 39 GP practices we are supporting our primary care networks. Our partners include; North West Ambulance Service (NWAS), community pharmacies, our vibrant Third Sector and our regulators NHS England / Improvement.
We are listening to our staff to help us innovate and improve the way we do things and we are building co-production as the way we involve our communities in our system improvement and development.
We have a lot to do to tackle historic and ongoing challenges, but we believe that by working together with our communities, we can ensure that North Cumbria will be the better place to 'Start Well, 'Live Well' and 'Age Well'.

As one of four integrated care partnerships in the North East and North Cumbria Integrated Care System (ICS) we are working closely with our partners recognising the benefits of an 'at scale' approach to those priorities to amplify the collective impact and reduce duplication.

Health, Wealth and Wellbeing

Improving the health and care outcomes of our local communities and supporting people of all ages to be in control of their own health is one of our three strategic aims. We need to be better at predicting and preventing ill health. We want all people to stay well for longer by supporting them to make better choices. We also want to ensure that those people with the worst health outcomes get the support they need to have a better quality of life and to live independently for as long as possible.

Prevention

Working with all health and care partners we are building a population health system that focuses on prevention, supporting patients to make the right choices about their health and reducing variation in outcomes that exist across our communities.
The North Cumbria Population Health Programme has identified five prevention 'high impact' changes to help reduce the burden of the most prevalent conditions on health and care services:

- Improving stop smoking pathways for high risk groups
- Establishing a weight management pathway for children and adults
- Developing a physical activity pathway
- Maximising the effectiveness of the NHS Health Check programme
- Improving the management of Cardiovascular Disease risk factors

These form part of a wider population health approach that also includes work to e.g. address the wider social determinants of health. All five high impact changes will directly support the developing social prescribing programme (and wider personalised care agenda) in North Cumbria (by strengthening the interventions and referral options for patients/clients into a range of community based services).

In addition, over the next 18 months, North Cumbria Integrated Care Partnership will be providing Population Health Management training to staff involved in the eight Integrated Care Communities (following a successful bid to the Health Foundation's Applied Analytics Fund). This means there will be a legacy programme to help implement ongoing Population Health Management work when involvement in accelerator programmes end.

Climate Change & Sustainability

Climate Change is now recognised as the biggest public health threat this century and there is a substantial body of evidence around how climate change is affecting our world. We recognise that climate change has significant implications for our current and future health and wellbeing and as an ICP we have a genuine responsibility and opportunity to tackle climate change and influence the health and sustainability of our local community.

As one of the largest local employers, consumers and provider of goods and services, we recognise the need and responsibility to undertake our activities in a way which minimises our environmental impact and ensures we have a wider impact as a Good Corporate Citizen on the local environment, economy and community.

Our Sustainable Development Management Strategy and plan sets out our key commitments, objectives and actions to improve the environmental sustainability of our organisations, deliver real bottom line savings through a combination of quick wins and spend to save carbon reduction initiatives. Underpinning this will be a combined staff awareness and behavioural change campaign.

We are committed to working in partnership and maintaining a positive and on-going dialogue with our key stakeholders to deliver this strategy and the associated actions as part of the broader commitment to the NHS being an *Anchor Institution*.

Workforce, Employment and Skills

The workforce in North Cumbria is also the most valuable asset in health and social care and can be at the forefront of empowering people's independence, choice and improving their social inclusion and social wellbeing. Delivering this vision for North Cumbria requires a confident, capable, well-trained, motivated and engaged workforce.

We have difficulty in attracting people to work here and pursue their careers in the region. We also have an aging workforce, of which 3.15% could retire now and a further 15.73% within the next five years. Therefore need to consider flexible job plans and roles to enable and encourage individuals to remain working here and be attracted to the area.

Our People Plan identifies the objectives which need to be achieved to ensure that we have the optimum number of the workforce, with the best mix of skills, to support our communities in 2025.

Clinical Strategy and delivery of the Long Term Plan requirements

Building health and care services around our local communities and providing safe and sustainable high quality services across our sparsely populated area are two of our three strategic aims

We know that at times care can feel disjointed and that people don't always receive the right support when they need it. By joining up health and care teams around our local communities we can respond and tailor that care and support. This will better meet the changing needs of our communities and the people who live in them.

To meet the changing needs of our communities we need to find innovative ways in which to develop and deliver quality care more *sustainably* across both primary and secondary care. By working with our partners, both within Cumbria and the North East we will develop our services to deliver the right care to meet our local needs.

For our hospital services this will mean engaging and influencing regionally and nationally on the small rural district general hospitals and how care and workforce models will develop and evolve in the future. It will also include how specialist clinical networks are developed in order to retain core and specialist services as locally as possible, whilst developing specialist pathways of care.

Collaboration across the ICP

RTT / Shorter planned care waits

Currently the overall waiting list is significantly higher than the baseline March 2018 level which, in line with national guidance, is set as the target maximum list size. Concurrent with this is the fact that urgent and routine patients are waiting longer than good practice would recommend, and longer than the constitutional standards.

The intention is that the overall waiting list size brought back to the March 2018 level for 2020/21 whilst work to re-profile the list, and address the long wait and urgent patients, is phased through into 2020/21. There is a commitment to offering the choice for patients to have their planned care with another Trust if they have waited longer than 26 weeks. There is also a commitment to preventing any 52 week breaches.

Developing Primary Care and Primary Care Networks

We have eight PCN which mirror our Integrated Care Communities and are working on a programme to significantly support the development of primary care over the next five years by delivering:

- Personalised care including social prescribing
- First contact physiotherapists already working in General Practice
- The enhanced care home model
- Health pathways model improving the pathways between primary and secondary care
- Population Health
- Continue to develop strong partnership working through our Integrated Care Communities, working with; community services, acute hospitals, third sector social care, council services and other local services.
- Develop our primary care networks
- The North Cumbria Advice and Guidance system has been a great success with GPs and reduced unnecessary referrals to secondary care. The use of this system will continue to expand and support GPs across the area.

Cancer

Exciting work is ongoing between Newcastle upon Tyne Hospitals NHS Trust and North Cumbria Hospitals Trust to build and run the new Northern Cancer Centre in Carlisle. This will support the provision of:

- Better local services for the population of North Cumbria which comply with national service specifications for radiotherapy and chemotherapy, and deliver cancer waiting times (CWT) standards
- A resilient, efficient and cost-effective clinical oncology service from a major Cancer Centre
- A modern oncology centre on the Cumberland Infirmary site which integrates day case oncology services for WNE Cumbria

A joined up and system working approach to prevention, early diagnosis and timely referrals/treatment of cancer across our North Cumbria Health and Care ICP provides significant opportunities to help us manage some of the issues and challenges that we face.

Mental Health

Mental Health and Learning Difficulty services for adults and children in North Cumbria have experienced a number of long standing challenges over the years which have not been sustainably addressed. From October 2019, Northumberland Tyne & Wear NHS Foundation Trust has become Cumbria, Northumberland Tyne & Wear NHS Foundation Trust and will provide services in North Cumbria and across the entire ICS.
North Cumbria will make significant progress towards developing innovative and evidence based integrated pathways. These will have been developed by the people who use mental health and learning disability services and their families and carers and will be across all care provision to meet the physical health, mental health and wellbeing needs of our population.
We will have the right staff in the right place and in the right numbers. North Cumbria will be regarded as an excellent place to train and develop.
Mental health will be at the forefront of all decisions around strategy and spending in North Cumbria – there will be no health without mental health.

Stroke

In North Cumbria ICP we are making significant changes to our acute and community stroke services. We will be rolling out a new Hyper Acute Stroke Unit at the Cumberland Infirmary Carlisle. Also, an Early Support Stroke Discharge (ESSD) service will cover the whole area and enable patients to receive the right support in the community. We have a stroke prevention programme which has been co-produced and developed with key partners across health, care, public health and our community which will form an essential part of our stroke prevention programme.

Respiratory

The aim for respiratory care is to move away from a reactive based treatment to a more proactive model of care delivery with the focus on prevention, conservative treatment and managing escalation within the community whenever appropriate.
We will bring Primary and Secondary care much closer together within the respiratory pathway where, for example, GPs will be increasingly supported by hospital based consultants through the use of Consultant Connect and Advice and Guidance. Additionally, “Attend Anywhere” will facilitate the delivery of some outpatient activity in local communities making access for patients easier.
The delivery of pulmonary rehabilitation will change and will integrate the use of health coaches and trans-diagnostic education programmes which will provide support for a wider range of conditions.

Driving up performance where there are known issues across the North Cumbria ICP
Cancer 62 day waits

In common with many parts of England, North Cumbria has seen a significant growth in the demand for cancer services, driven in part by increased public awareness of the symptoms and especially in parts of North Cumbria, the increasing numbers of elderly people who are more susceptible to getting cancer. Cancer treatments are provided locally within the ICP, and also through the tertiary centres in the North East.

Recognition of the increases in demand already seen and the expectation that this demand will continue to grow, is reflected in the investment currently being made in the Carlisle Cancer Centre. The resilience and sustainability of the new service is further enhanced by the strengthened partnership with the tertiary centre in Newcastle and the coordination through the Cancer Alliance.

Urgent and Emergency Care – A&E

Whilst there is no single root cause, the impact of increased demand, high acuity patients combined with the challenges of recruiting key clinical staff and managing patient flow, have come together and impacted adversely on A&E.
We have already made significant progress in improving patient flow through reduced delayed discharges, reviewing the internal processes within the hospitals and in recruiting permanent members of our clinical teams to replace short term locums.
There is a clear focus for our ICCs to focus on reducing hospital attendances to A&E and significant progress has already been made in stemming growth in non-elective admissions and A&E attendances by providing enhanced support to patients in our communities.

The greatest opportunity for addressing urgent care performance lies with patient flow and continued focus on how long patients stay in hospital and also making greater use of same day care. We are currently developing an emergency care village on both our acute hospital sites to improve the emergency care flow to provide a better co-ordination of hospital and partner services. This integrated approach builds on the progress already made in working in a seamless manner across the different parts of the service and is intended to improve our use of beds and maximise the alternatives to hospital attendance and overnight admission.

Elective and Diagnostics Waiting Times (RTT)

The current referral to treatment times for outpatients, elective admission and diagnostics are all currently falling below constitution standards. Our intention is to undertake a full review of the clinical and supporting administrative processes for each of these areas, focussing on further improvement to theatre and outpatient clinic scheduling, alignment of medical and other staffing rotas.
It is also intended to review and improve the data quality underpinning the waiting list and the use of patient tracking to ensure that patients are seen based on clinical urgency and time on the waiting list.

It is expected that recovery will be a medium term objective within the life of this plan, with the intention being that the Trust will deliver sustainable waiting times for elective and diagnostic patients with capacity aligned to need,

Local integration at place

The North Cumbria ICP has been working as an integrated care system since 2018 and has developed system wide working, relationships and shared priorities.
We have created eight Integrated Care Communities in North Cumbria where teams of Health and social care professionals, GPs, the voluntary sector and the community are working together as one team to support the health and wellbeing of local people. Their focus is to help people manage long term health conditions, improve access to information about healthier lifestyles and provide more care out of hospital so people can stay as well and independent as possible.
Below are some of the specific changes that we plan to deliver to support local integration in our communities:

- Further develop ICCs to include mental health, muscular treatment service and children's services.
- Develop pathways of care for patients that join together primary, community and secondary care, improve quality and experience.
- Communities will be involved in shaping future services, linked to developing thriving communities
- Utilise technology to monitor people's health at home and develop interventions and target disease areas across communities
- An increase in use of the Third Sector and social prescribing

- Primary Care Networks (PCNs) delivering significant changes to how care is provided in communities

Our Better Care Fund will continue to support the progression of integration across Health and Social Care in North Cumbria, with a focus on reducing avoidable hospital admissions, reducing delayed hospital discharge and helping people to stay well at home. There will be continued support for our Integrated Care Communities (ICCs). ICCs are the vehicle for delivering integration at place, with more joined up support in our communities, close to where people need it.

Enablers

Finance and Activity

North Cumbria health and care organisations will work together to ensure that we can live within our means. It is vital that we make the right investments in the right areas that will sustain and improve the quality of health and care services.

This will involve innovative ways of working, shifting some of our spending to prevention and community settings, working closer together, and a robust focus on efficiency and quality improvement. All of these will support our aim to ensure that there is improving efficiency in the use of our resources and that we achieve financial balance by 2024. This will include oversight of system level efficiency programmes informed by the Rightcare, Model Hospital and GIRFT programmes.

There remains a risk that demand could outstrip available resources, this is being mitigated by a continuing focus on demand management, and by improving the utilisation of our capacity,. If we accept a conservative estimate of inflation at 1%, new medical developments at 1% and underlying demand rising at between 1% and 4% for differing elements of our services, then the health and social care system, as currently configured, would require up to a 6% budgetary increase each year to maintain our position.

Delivering against this backdrop will require a considerable programme of work across our system to; reduce demand, invest wisely and make efficiencies based on quality improvements.

Workforce

Our planned changes around one of our enabling aims are as follows:

- Development of our culture and values, including how we continuously learn and improve together
- Provide opportunities for them to have a rewarding career
- Develop a workforce with targeted plans to ensure we have the right people and skills to meet future needs
- Develop new primary care roles such as first contact physiotherapists, physician's associates, social prescribing link workers and community paramedics
- Develop attractive career pathways and programmes
- Focus on Talent Management and Succession Planning
- Develop more confidence in involving patients, the community and third sector in service improvement
- Create more significant opportunities for research and develop innovative roles which will be more attractive / rewarding

Digital

We know we need to improve the way we use digital technology across our health and care services. We have pockets of innovation but we need to ensure everyone has access to modern, effective and joined up systems. We will develop the right digital solutions involving the people who will use them.
We want to ensure our staff are supported with the right technology to do their job well and give people the flexibility to access care and support digitally.

Estates

Across the North ICP providers and commissioners are fully engaged with the NENC ICS estates strategy. Our ambition is to provide a more fit for purpose, flexible, greener and more cost efficient estate.
Below are some of the key estates programmes for delivery:

- West Cumberland Hospital redevelopment – the next phase of development
- Cumberland Infirmary Carlisle Emergency Care Village with fully integrated GP's and Primary Care & diagnostic capacity
- Cancer Centre at Cumberland Infirmary Carlisle
- Community Hospitals redevelopment
- Maintain Core Equipment to support Clinical Services

Conclusion

The strategic direction set out in this narrative is taken from the strategy we have developed for North Cumbria. The aims and enablers identified in our strategy support the ambitions of the NHS Long Term Plan and the critical areas of focus locally in improving health and wellbeing outcomes and sustaining and developing services locally across primary and secondary care.

North Cumbria ICP Strategic Aims:

1. Improve the health and care outcomes of our local communities and support people of all ages to be in control of their own health;
2. Build health and care services around our local communities;
3. Provide safe and sustainable high quality services across our sparsely populated area.

North Cumbria ICP Strategic Enablers:

A. Be a great place to work and develop;
B. Integrate how health and care organisations work together;
C. Live within our means and use our resources wisely;
D. Deliver digitally enabled care.

Appendix 3a – FINANCE submission (sent 23rd October 2019)

Financial information for the LTP return has been submitted in a NHSE/I template covering finance, activity and workforce for both commissioners and providers for the period to 2023/24. Local commissioner and provider teams have worked closely to develop the data and ensure consistency.

North Cumbria CCG (NCCCG)

In line with business rules and the local risk share agreement the CCG is currently achieving a £4m annual surplus to recover historic deficits. By the end of 2021/22 the CCG will have settled this historic legacy and will plan to break even.

£ million	19/20 plan	19/20 FOT	20/21 plan	21/22 plan	22/23 plan	23/24 plan
Allocations	537	541	553	573	590	609
Expenditure						
NCIC	289	268	253	264	274	284
Other commissioning	235	259	288	300	307	316
Running costs	6	7	6	6	6	6
Contingency	3	3	3	3	3	3
Underspend	**4**	**4**	**3**	**0**	**0**	**0**

The shift of expenditure from NCIC to other commissioning between 2019/20 plan and 2020/21 reflects the transfer of mental health services to NTW in October 2019. Expenditure plans include tariff uplift per planning guidance and investment to meet NHS long term plan commitments. Allocation growth above these will be used to fund NCIC above tariff.

North Cumbria Integrated Care (NCIC)

The starting point for the provider financial plan is the Long Term Financial Model (LTFM) prepared to support the trust merger. However there have been a number of changes including:

- Above tariff income growth from NCCCG as described above of between 1.9% and 2.6% pa.
- Changes to specialist commissioning income to align with NHSE assumptions.
- Assumed cost of activity growth rising to £14m pa by 2023/24. Although it is realistic to plan for cost growth of this nature, the quantum has been set so as to show a reducing deficit in line with the improvement trajectories recently set by regulators.
- Removal of PSF, FRF and transitional support income from 2020/21 onwards as advised by NHSE.
- Increased CNST premiums as per national guidance.
- Removal of configuration savings (£4.4m) assumed in the LTFM in 2023/24.
- Addition of LTP investment funds on a fair shares basis, and matching expenditure.

The assumptions of 3.0% CIP for 2020/21 and 2.0% thereafter, and significant savings from pathway changes and merger benefits are unchanged.
The summary income and expenditure plan is as follows:

£ million	19/20 plan	19/20 FOT	20/21 plan	21/22 plan	22/23 plan	23/24 plan
Income						
Patient care	388	360	328	340	352	365
FRF/PSF/MRET	27	27	2	2	2	2
Other	39	34	34	34	35	35
	454	**421**	**364**	**376**	**389**	**402**
Expenditure						
Pay	314	288	257	257	257	259
Non-pay	149	143	138	146	153	156
Non-operating	13	11	11	12	13	12
	476	**442**	**406**	**415**	**423**	**427**
Surplus/(deficit)	**(22)**	**(22)**	**(42)**	**(38)**	**(34)**	**(25)**
FRF not shown in LTP finance template (A)			42	38	34	25
Surplus/(deficit after FRF			**0**	**0**	**0**	**0**

(A) The LTP finance template does not allow for input of FRF income from 2020/21. However NHSE/I have notified the Trust that, if it meets the financial improvement trajectory, FRF will be available equal to the deficit "control total" so as to bring the Trust to break even.

Capital expenditure

Capital plans in the LTP return have been updated to take account of the revised timetable for major developments. Schemes for which funding has yet to be confirmed have been excluded.

£ million	19/20 plan	19/20 FOT	20/21 plan	21/22 plan	22/23 plan	23/24 plan
Capital expenditure						
WCH redevelopment	3.6	3.8	15.0	14.0		
Northern Cancer Centre	10.3	6.7	18.6			
Community Hospitals	2.0	1.1	0.9			
PFI life cycle	5.2	5.2	3.3	1.0	0.7	2.0
Building refurb and backlog	3.7	4.4	2.2	2.5	2.5	2.5
Equipment	5.0	2.9	4.7	5.1	3.3	2.4
IT	1.5	1.3	1.2	1.8	1.8	1.8
	31.3	**25.5**	**46.0**	**24.4**	**8.2**	**8.7**
Funded by						
Internal	12.5	12.0	9.6	8.5	7.9	8.4
PDC – STP wave 1	15.8	13.2	36.1	15.6		
Capital loan	2.7					
Donations	0.3	0.3	0.3	0.3	0.3	0.3
	31.3	**25.5**	**46.0**	**24.4**	**8.2**	**8.7**

Risks

Key risks to the LTP financial plan are:

- The provider current year position is significantly behind plan. It will be challenging to achieve the 2019/20 plan. Any non-recurrent mitigations will need to be matched with additional savings in future years.
- Our ability to contain costs in the face of demographic and other pressures.
- Our ability to secure planned transformational savings in a geographically remote area that requires the provision of accessible and sustainable services.

Appendix 3b - Activity submission (sent 23rd October 2019)

The long term plan submissions require two representations of activity - the first covers the activity provided to the population of North Cumbria, including services provided by out of county providers (such as Newcastle and Northumbria Trusts); the second cut is based on the footfall into local provider services and therefore includes activity provided by the Trust for patients from out of county commissioners.

The modelling and forecasting assumptions for both scenarios are the same and the resultant activity projections for each are shown in below.

Forecasting Assumptions

The activity forecasts are compiled from a baseline of 2018/19 activity with assumptions around the impact of agreed pathway changes that are currently being implemented, together with the projected impact of demographic change, and assumptions around other non-demographic growth factors.

Demographic Forecasts

The Office of National Statistics forecast for the North Cumbria population is for a very slight year on year drop in overall numbers. The most significant reduction is in working age people, with a drop averaging 0.75% per year, whilst those over 65 are forecast to grow by an average of 1.6% per year.

Emergency Care Activity

Whilst there has been a recent shift towards zero length of stay patients away from overnight stay patients across all age groups, the most recent data on activity shows that overall emergency activity is not currently increasing. Significantly, despite the increase in the numbers of over 65 people, emergency care activity for this age group has not increased, and the overall emergency care trend is growing at a lower rate than other health systems and lower than England growth rates. This is an improvement on previous years, the assumption being that some of this favourable performance is the result of the investment in ICCs and alternatives to admission which have mitigated growth in A&E and emergency admissions. These new pathways provide a strong baseline for the plan. However it would be highly optimistic to assume that similar benefits can be found each year thereafter, and therefore annual non demographic growth rates of 2.7% have been assumed for future years reflecting the underlying trends for increased demand for urgent care.

A&E activity levels are also currently stable and have previously shown growth rates lower than admissions. For this reason the underlying growth rate for A&E is slightly lower than emergency admissions at 0.7%.

Elective Care (referrals, outpatients, admissions)

Demand for elective care is relatively stable with GP referrals not showing any recent year on year change. This reflects the stable demographic population, together with investment in new pathways to reduce the reliance on secondary care intervention (eg MSK and Pain Services). Underlying growth in GP referrals is assessed at around 0.4% per annum.
However, with investment in systems and protocols to improve the quality of referrals, it is assumed that conversion rates to outpatients will improve, and therefore the underlying growth in outpatients and elective admissions / daycases is modelled at 1% per annum.

In 2019/20 and 2020/21 the implementation of the outpatient review (especially relating to follow up activity) is forecast to reduce underlying outpatient demand. This is partly offset in the same two years by the need to address the waiting list backlog which is expected to result in additional short term non recurring outpatient attendances and also elective admissions.

Next steps

We have had feedback on the activity assumptions from NHS England and NHS Improvement, and from the Cumbria and North East ICS, is expected in early November. This will be used to inform the final submission due on 15th November.

Local NCUHT Provider Activity

The extract from the provider plan submitted covering the new Trust is as follows:

Activity	2020/21	2021/22	2022/23	2023/24
Referrals				
GP	60,917	61,142	61,349	61,544
of which: Commissioned by CCGs (within system)	59,548	59,768	59,971	60,161
Commissioned by CCGs (outside system)	1,149	1,154	1,158	1,163
Other	24,486	24,577	24,660	24,738
of which: Commissioned by CCGs (within system)	23,864	23,952	24,034	24,109
Commissioned by CCGs (outside system)	549	552	553	556
Total Referrals	85,403	85,719	86,009	86,282
Activity				
Acute	**450,157**	**453,416**	**458,097**	**462,734**
Total consultant-led outpatient attendances	**265,726**	**267,860**	**270,438**	**272,978**
Consultant-led first outpatient attendances	96,578	97,285	98,221	99,144
of which: Commissioned by CCGs (within system)	94,246	94,930	95,843	96,743
Commissioned by CCGs (outside system)	1,917	1,940	1,963	1,986
Commissioned by Specialised commissioning				
Consultant-led follow up outpatient attendances	169,148	170,575	172,217	173,834
of which: Commissioned by CCGs (within system)	165,270	166,659	168,263	169,843
Commissioned by CCGs (outside system)	2,883	2,921	2,959	2,996
Commissioned by Specialised commissioning				
Total elective spells	**31,734**	**31,040**	**31,337**	**31,631**
Elective Spells – Day cases	26,925	26,385	26,638	26,889
of which: Commissioned by CCGs (within system)	26,330	25,783	26,031	26,276
Commissioned by CCGs (outside system)	310	317	322	328
Commissioned by Specialised commissioning				
Elective Spells – Ordinary spells	4,809	4,655	4,699	4,742
of which: Commissioned by CCGs (within system)	4,673	4,517	4,560	4,602
Commissioned by CCGs (outside system)	55	57	58	59
Commissioned by Specialised commissioning				
Total non-elective spells	**39,333**	**40,403**	**41,492**	**42,600**
Zero length of stay spells	11,508	11,821	12,140	12,464
of which: Commissioned by CCGs (within system)	11,019	11,318	11,624	11,934
Commissioned by CCGs (outside system)	489	503	516	530
Commissioned by Specialised commissioning				
1+ day length of stay spells	27,825	28,582	29,352	30,136
of which: Commissioned by CCGs (within system)	26,858	27,589	28,332	29,089
Commissioned by CCGs (outside system)	967	993	1,020	1,047
Commissioned by Specialised commissioning				
Type 1-4 attendances	**113,364**	**114,113**	**114,830**	**115,525**
A&E Attendances - Type 1 & 2 attendances	94,628	95,253	95,852	96,432
of which: Commissioned by CCGs (within system)	91,585	92,189	92,769	93,330
Commissioned by CCGs (outside system)	3,043	3,064	3,083	3,102
Other A&E Attendances	18,736	18,860	18,978	19,093
of which: Commissioned by CCGs (within system)	15,403	15,505	15,602	15,696
Commissioned by CCGs (outside system)	3,333	3,355	3,376	3,397

Local North Cumbria CCG / Integrated Care Partnership Activity

The extract from the Commissioner plan submitted covering North Cumbria CCG is as follows:

	Referrals											
	GP	No.	+ve	70,565	70,565		65,126	65,367	65,589	65,797	67,749	797
(within system)	*of which: Provided by NHS*	No.	+ve				64,905	65,145	65,366	65,573	65,573	
(outside system)	*Provided by NHS*	No.	+ve				2	3	4	5	5	
	Other	No.	+ve	38,039	38,039		31,658	31,775	31,883	31,983	36,383	983
(within system)	*of which: Provided by NHS*	No.	+ve				31,585	31,702	31,810	31,910	31,910	
(outside system)	*Provided by NHS*	No.	+ve				0	0	0	0	0	
	Total Referrals	**No.**	**+ve**	108,604	108,604		96,785	97,143	97,473	97,781	104,131	781
	Activity											
	Acute	No.	+ve	**514,830**	**490,658**	**490,658**	**500,765**	**504,785**	**509,007**	**514,050**	**490,658**	**774**
	Total consultant-led outpatient	No.	attendances +ve	**321,248**	**298,065**	**298,065**	**310,608**	**313,602**	**316,172**	**321,216**	**298,065**	**126**
	Consultant-led first outpatient	No.	attendances +ve	108,239	108,239		109,523	110,353	111,411	112,453	111,347	453
(within system)	*of which: Provided by NHS*	No.	*Acute providers (within system)*				104,377	105,156	106,164	107,157	107,157	
(outside system)	*Provided by NHS*	No.	*Acute providers (outside system)*				4,731	4,782	4,832	4,881	4,881	
nces	Consultant-led follow up	No.	outpatient attendances	213,009	189,826		201,085	202,819	204,760	206,673	186,718	673
(within system)	*of which: Provided by NHS*	No.	*Acute providers (within system)*				191,020	192,654	194,498	196,315	196,315	
(outside system)	*Provided by NHS*	No.	*Acute providers (outside system)*				9,071	9,171	9,268	9,364	9,364	
	Total elective spells	No.	+ve	**45,427**	**45,426**		**40,082**	**39,482**	**39,850**	**45,497**	**40,506**	**224**
	Elective Spells – Day case	No.	+ve	38,052	38,052		32,965	32,485	32,797	33,105	33,200	105
(within system)	*of which: Provided by NHS*	No.	*Acute providers (within system)*				30,780	30,278	30,569	30,856	30,856	
(outside system)	*Provided by NHS*	No.	*Acute providers (outside system)*				1,900	1,922	1,943	1,964	1,964	
	Elective Spells – Ordinary	No.	spells +ve	7,375	7,375		7,117	6,986	7,053	7,119	7,306	119
(within system)	*of which: Provided by NHS*	No.	*Acute providers (within system)*				6,544	6,407	6,468	6,528	6,528	
(outside system)	*Provided by NHS*	No.	*Acute providers (outside system)*				492	498	504	510	510	
	Total non-elective spells	No.	+ve	**36,902**	**36,902**		**39,213**	**39,281**	**40,266**	**36,902**	**40,228**	**471**
	Zero length of stay spells	No.	+ve	10,797	10,797		11,360	11,669	11,983	12,303	12,427	303
(within system)	*of which: Provided by NHS*	No.	*Acute providers (within system)*				11,058	11,359	11,665	11,976	11,976	
(outside system)	*Provided by NHS*	No.	*Acute providers (outside system)*				302	310	318	327	327	
	1+ day length of stay spells	No.	+ve	26,105	26,105		27,853	28,612	29,383	30,168	27,801	168
(within system)	*of which: Provided by NHS*	No.	*Acute providers (within system)*				27,248	27,990	28,744	29,512	29,512	
(outside system)	*Provided by NHS*	No.	*Acute providers (outside system)*				604	621	638	655	655	
	All A&E attendances	No.	+ve	**111,253**	**111,253**		**110,842**	**110,842**	**112,574**	**111,253**	**111,829**	**953**
s	A&E Attendances - Type 1	No.	2 attendances +ve	93,777	93,777		94,220	94,841	95,438	96,015	94,966	015
(within system)	*of which: Provided by NHS*	No.	*Acute providers (within system)*	91,368			91,456	92,059	92,638	93,198	91,368	198
(outside system)	*Provided by NHS*	No.	*Acute providers (outside system)*	2,747			2,764	2,782	2,800	2,817	2,747	817
	Other A&E attendances	No.	+ve	17,476	17,476		16,621	16,731	16,835	16,937	17,164	937
(within system)	*of which: Provided by NHS*	No.	*Acute providers (within system)*	15,094			15,112	15,212	15,307	15,400	15,094	400
(outside system)	*Provided by NHS*	No.	*Acute providers (outside system)*	1,500			1,510	1,520	1,529	1,538	1,500	538

Appendix 3c – workforce submission (Sent 23rd October 2019)

Provider workforce submission

The 5 year workforce data prediction is based on trends from recent years and expectations of the future. Key themes include the ongoing reduction in agency spend (medical) and re-organisation of medical rotas/job-planning to provide a sustainable medical staffing model supported by other professions including Physicians Associates. Nursing numbers are expected to increase, although the current model which is heavily based on B5, is likely to alter as nurses progress in to ACP/ANP roles alongside the anticipated influx of B4 Nurse Associates. It is expected that Nurse Apprenticeships will play a key role in the development of our own nursing workforce. International recruitment for nurses as well as doctors will need to continue to counter the (national) shortage of domestic candidates for these roles.

The region has a relatively stable total population which sees a large spike during summer months and so contingent labour will need to be an integral component of the workforce solution so that the system can demonstrate agility in reacting to annualised periods of high demand. Increased bank resource activity rather than reliance on agency will be the preferred response.

The local population, although not anticipated to increase significantly, is expected to place an increased demand on healthcare providers and this will be compounded by the relative intensity of needs. As such, the skill mix within Medical, Dental, Nursing, Midwifery and AHP professions will be required to adapt and work closely with community and social care partners and continue to focus on increasing the delivery of care outside of the secondary care system to ensure resources within the acute setting can be deployed as effectively as possible.

A separate and more detailed submission of the workforce data has also been made via the Health Education England eWorkforce tool on 24th October 2019.

NCCCG workforce submission

NCCCG is not required to complete a workforce submission. The Primary Care submissions are being collated centrally by NENC as part of the wider NENC system planning.

Appendix 3d – LTP metrics submission (Sent 28th October 2019)

There are 30 LTP metrics that require submission. They include measures across; mental health, learning disability, primary care, community and acute services. A significant number of them have been compiled centrally by NENC ICS. North Cumbria and other ICPs were given the opportunity to validate the ICP baseline and trajectories for some of these metrics. This has been achieved by working with service leads and relevant system leaders. The full list of the metrics including baselines and trajectories is below.

The latest submission was sent to NENC ICS on 29 October and it will then be consolidated to give a NENC ICS-wide set of trajectories ready for the national interim submission to NHS England on 1st November 2019. The final NENC ICS submission will be on the 15th November.

Schedule of Proposed Trajectories for the Metrics Included in the Long Term Plan

LTP Metric	Set Locally	2017/18 (Baseline)	2018/19 (Baseline)	2019/20 Plan	2020/21	2021/22	2022/23	2023/24
E.D.16: Proportion of the population with access to online consultations	√		47.0%	100.0%	100.0%	100.0%	100.0%	100.0%
E.D.20: Citizen facing tools: Proportion of the population registered to use NHSApp	√		0.0%	0.0%	3.0%	5.0%	20.0%	30.0%
E.D.21. Cyber Security	√		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
E.A.3: IAPT Roll-Out			6,235	6,753	8,277	8,543	9,497	9,974
E.H.9: Improve access to Children and Young People's Mental Health Services (CYPMH)	√		2,035	1,822	2,206	2,321	2,557	2,920
E.H.12: Inappropriate adult acute mental health Out of Area Placement (OAP) bed days	√		1,965	TBC in conjunction with CNTW trust				
E.H.13: People with severe mental illness receiving a full annual physical health check and follow up interventions			26.7%	60.2%	53.9%	58.1%	66.6%	75.1%
E.H.15: Perinatal mental health: Access rate to specialist perinatal mental health services	√		0.8%	4.5%	7.1%	8.6%	10.0%	10.0%
E.H.16: Mental Health Liaison services within general hospitals meeting the "core 24" service standard	√		0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
E.H.17: Number of people accessing Individual Placement and Support				-	-	1,965	2,702	3,878
E.H.18: EIP Services achieving Level 3 NICE concordance	√	0.0%		100.0%	100.0%	100.0%	100.0%	100.0%
E.H.19: Number of people receiving care from new models of integrated primary and community care for adults and older adults with severe mental illnesses			-	-	-	7,764	15,813	22,724
E.H.20: Coverage of 24/7 age-appropriate crisis provision for children and young people which combines crisis assessment, brief response and intensive home treatment functions	√			50%	100%	100%	100%	100%
E.K.1a: Reliance on inpatient care for people with a learning disability and/or autism CCG Commissioned - rate per million based on 4 patients		-		15.49	15.49	15.49	15.49	15.49
E.K.1b: Reliance on inpatient care for people with a learning disability and/or autism Spec Comm Commissioned - rate per million based on reducing to 2 patients by 23/24		-		23.24	19.36	19.36	15.49	11.62
E.K.1c: Reliance on inpatient care for people with a learning disability and/or autism Children - rate per million based on reducing to 13 children			22	25.53	23.83	23.83	22.13	22.13
E.K.3: Learning Disability Registers and Annual Health Checks delivered by GPs	√		1,043	1,226	1,226	1,227	1,227	1,368
E.M.23: Ambulance Conveyance to ED		Being handled by Ambulance Providers						
E.M.24: Delayed Transfers of Care - see note below			30	23	18	13	13	13
E.M.25: Length of stay for patients in hospital for over 21 days - seen note below		73		44	44	44	44	44
E.N.1: Personal Health Budgets	√		79	225	325	450	592	1,184
E.N.2: Social prescribing referrals	√		1,111	1,250	1,250	2,000	2,000	2,000
E.N.3: Personalised Care and Support Planning			-	978	1,438	2,712	4,355	5,898
E.P.1: One year survival from cancer			71.50%	73.40%	74.00%	74.60%	75.20%	75.80%
E.P.2: Proportion of cancers diagnosed at stages 1 or 2			52.12%	59.41%	61.54%	63.59%	65.57%	69.50%
E.Q.1: Stillbirth Rate		2.6		2.92	2.56	2.56	2.56	2.19
E.Q.2: Neonatal Mortality Rate		2.9		1.46	1.46	1.10	1.10	1.10
E.Q.3: Percentage of women placed on a continuity of carer pathway				35.1%	51.2%	51.0%	51.0%	50.8%
E.Q.4: Brain Injury Rate per thousand live births			3.23	3.28	2.92	2.61	2.26	1.93
E.R.1: Number of people supported through the NHS Diabetes Prevention Programme - *note scheme funded to 2022 - ongoing funding currently unclear*				1348	2215	2449	860	TBC
E.S.1: Proportion of patients directly admitted to a stroke unit within 4 hours of clock start			51.5%	73.4%	75.0%	76.7%	78.3%	80.0%
E.S.2: Percentage of applicable stroke patients who are assessed at 6 months			57.0%	57.0%	57.0%	60.0%	62.5%	65.0%

These items need confirming by NCIC Directors, as they are provider based aspirations set centrally by NENC ICS on behalf of each ICP. They relate to NCUHT acute services rather than the new integrated NCIC