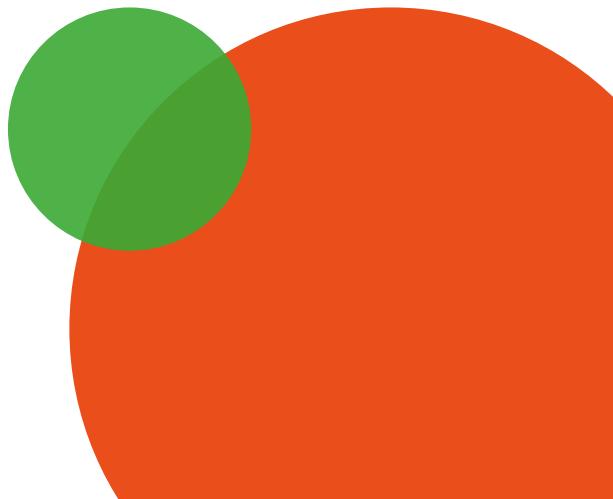


# NHS Long Term Plan

## Key points

- This plan provides welcome extra funding for the NHS and as such, marks the dawn of a new era – one in which we will need to transform the way services are delivered to patients and the public. We welcome the vision in the plan for strengthened and improved services.
- In particular, we welcome the greater investment and focus on community, primary care and mental health services, as well as the emphasis on prevention and health inequalities. More emphasis on joined-up care in the community has the potential to relieve the pressure on hospitals and help to create a sustainable service in the face of rising demand, if adequately powered.
- However, given the funding increases are less than we know are needed to keep up with rising demand and deliver transformation, the NHS will still face tough decisions on what it can and cannot do. The next few years will be about balancing the need to keep the NHS going, overcoming the large deficits in many NHS organisations, delivering some key improvements, and preparing for new ways of delivering care that will make the NHS sustainable.
- Before the plan was announced, we surveyed our members about what they wanted to see from the plan and this resulted in three tests that we set: is it deliverable and affordable; does it enable care to shift out of hospitals and closer to people's homes; and does it give local leaders the freedom they need to shape and develop the health services required in their area? In our view, these have been partially met but important questions remain.
- Prime among these is whether the plan supports and enables local system leaders to do their jobs. The plan is weakest in its response to this question. Although there are some commitments to enabling local systems to drive forward implementation of the plan's goals, there is less detail about how local leaders will be able to have a voice in service planning at a local and national level, and to prioritise and emphasise different elements of the plan in response to local circumstances. This clarity is needed.
- In addition, although these factors are outside the scope of the long-term plan, its success or failure will in part rest on the Government finding a solution to the social care crisis, reversing cuts to public health budgets, and ensuring the 2019 Spending Review follows through on commitments made in the long-term plan to invest in the workforce. The fact that we do not have an accompanying plan for capital also means we are not looking at a complete picture about what will and will not be possible over the next period.
- The challenge now turns to how the plan is implemented. We will be working with our members to understand further the plan's implications and to support members in taking it forward.



# Introduction

The launch of the NHS long-term plan saw the NHS enter a new era. After a decade which saw the lowest funding since the service was founded, significantly more investment is promised over the five years from 2019/20.

The long-term plan sets out a strategy for the health service for the next ten years. It is a wide ranging and ambitious document, articulating a new service model with greater emphasis on primary and community care; increased emphasis on mental healthcare, prevention and health inequalities; a clear focus on quality and outcome improvement in areas where greater progress is seen as necessary; some workforce reforms; wholesale rebalancing of the NHS's relationship with digital services and significant changes to the financial regime.

This document sets out the NHS Confederation's view on the plan and summarises the main details.

## NHS Confederation view

Over the last five years, the health service has performed well. Starved of extra funding and facing huge increases in demand for services from a larger and older population, the NHS has managed not only to maintain services, but in many areas to deliver significant improvements in care.

But it is now in a precarious state. The NHS has been treating more patients within most of the constitutional standard areas, but for many years it has been unable to meet key waiting time targets. Many NHS organisations throughout England have also been unable to balance their books.

The NHS long-term plan therefore arrives at a critical point for the NHS. The plan's more ambitious elements raise the prospect of a health service which embraces the digital era and radically changes the way services are delivered; an NHS service with much more emphasis and investment on joined up care in the community, which can start to relieve the pressure on hospitals and create a service that is sustainable as demand continues to rises throughout the 2020s. A renewed focus on prevention and tackling health inequalities is also welcome and overdue.

However, large portions of the plan are not new.

These represent a crystallisation of work already underway in the service and demonstrate that the strategy is an evolution in the thinking set out in the 2014 Five Year Forward View. At a point when resources are already stretched and the NHS is suffering from reform fatigue, this continuity is welcome.

Following the announcement that there would be a long-term plan, the NHS Confederation set out three questions that the strategy would need to answer:

- 1. Is the plan affordable and deliverable** – the NHS settlement fell short of what economists calculated was necessary to meet future demand – as the report commissioned by the Confederation from the Institute for Fiscal Studies (IFS) and The Health Foundation, made clear ([Securing the future: Funding health and social care to the 2030s](#)).<sup>1</sup>
- 2. Will the plan enable the health and care system to transform while ensuring sustainability of provision?**
- 3. Will the plan support and enable local system leaders to do their job, as set out in our publication, [Letting local systems lead](#).<sup>2</sup>**

In our judgement, the plan has partially answered these questions.

### Is the plan affordable and deliverable?

When the NHS Confederation commissioned The Health Foundation and the IFS to undertake a study into the funding needs of the health and care system over the next 15 years (*Securing the future*, 2018), the research found that year-on-year increases of 4 per cent would be necessary to sustain the service and meet waiting times targets and address mental health under-provision.

The funding increase of 3.4 per cent announced in June 2018 was only slightly higher than the 3.3 per cent increase that The Health Foundation/IFS team felt was necessary to maintain current service levels. Moreover, the percentage rise applies only to the NHS England budget and does not cover public health, training and capital spending. Based on this

1. [IFS and The Health Foundation \(2018\), Securing the future](#)  
2. [NHS Confederation \(2018\), Letting local systems lead](#)

analysis, promising significant quality improvements funded by an increase of this size appears ambitious, and we would be keen to see reassurance that the promised improvements have been costed. That said, the NHS has done better than any other public service.

The government and NHS leaders at the centre have had to balance the need to keep the service going with the need to transform the way operates. Perhaps understandably, the Treasury has demanded that NHS organisations return to a world in which they balance their books, but of course investment in returning to break even means less investment elsewhere. Demanding that most of the NHS is out of deficit by the end of next year will mean a significant proportion of the additional money will be devoted to that end, and in particular to the hospital sector and correspondingly less to community and primary care. If history is any guide, we may well end up spending more on hospitals than we expect so real discipline will be needed to build up effective and efficient services in the community.

Moreover, public health and social care services have been subject to severe cuts in recent years. This has not only left more than a million people with unmet needs, it has also ramped up the pressure on GP surgeries, A&E departments and other NHS services. The government will soon publish a long-awaited consultation on how we care for working age adults and older people with social care needs. We must hope that this will start to resolve a key issue of domestic policy which successive governments have to tackle. We believe that without serious extra funding for social care the NHS plan itself will be in serious jeopardy.

As noted above, several elements of NHS activity depend on funding that will be not be determined until the forthcoming spending review. There is therefore a real risk that if the spending review does not address the challenges in these areas, the plan could fail. We need certainty and appropriate funding for workforce, education and training, capital investment and public health.

## **Will the plan enable the health and care system to transform while ensuring sustainability of provision?**

The continuity underpinning many of the commitments in the plan is a positive start. There is a well-argued case for developing primary and community care to reduce rising demand for acute services. We would however like to see further modelling to understand whether the proposed changes will be powerful enough to mitigate the upward trend in demand for NHS services.

The plan contains some sensible measures to respond to system challenges, both in its continued emphasis on integrated care system (ICS) development, and in proposing pragmatic solutions to data and technological challenges.

NHS Clinical Commissioners, part of the NHS Confederation, has welcomed the increased clarity in the plan on the size and scale of clinical commissioning groups and their role within ICSs, but highlights concerns about achieving a 1:1 CCG to ICS ratio in a rapid timescale, as set out in the document. [More details about NHS Clinical Commissioners' response to the plan can be found here.](#)

The creation of ICS partnership boards, drawn from and representing commissioners, trusts, primary care networks, local authorities, the voluntary and community sector and other partners, is an important signal that NHS England recognises the need for integrated care systems to be open to different providers, as the NHS Confederation's Independent Healthcare Providers Network recognises in [its own statement in response to the plan.](#)

Enabling NHS organisations to share and view patient records by embedding interoperability, and giving patients greater control over their own records, as well as starting to harness some of the potential of wearable technology and remote consultation will provide their own challenges but are likely to be positive steps.

We note the proposals for legislative change set out in the plan, but think it unlikely that legislative reforms will be passed in the short term, given the existing pressures facing parliament. Therefore it will be important that the plan can be implemented without requiring legislative change.

Of course, one of the most pressing challenges remains workforce shortages. The NHS in England already has 100,000 vacancies, including 40,000 nurse vacancies. Unless we find new staff and retain and use existing staff more effectively, it is hard to see how the plan will deliver. Although the plan acknowledges this and outlines aspirations to address it – as well as acknowledging the contribution of much valued NHS staff of the Windrush generation and from the European Economic Area – it lacks sufficient detail. There is still no workforce implementation strategy.

The NHS Confederation's Mental Health Network states the mental health sector has been affected particularly badly by the workforce shortages, with 20,000 vacancies, and warns it is vital we have the right staff in the right places to provide care.

↗ Further details of the network's long-term plan response can be found [here](#).

The 2019 Spending Review will set Health Education England's budget – this needs to reverse cuts in continuing professional development budgets for staff training and invest in the workforce more generally to ensure the service can recruit and retain the right staff.

### **Will the plan support and enable local system leaders to do their job?**

The plan is weakest in its response to our third question. Much space is devoted to setting out an architecture for local system leadership, and although there are commitments to enabling local systems to implement the plan's goals, there is less detail about how local leaders will shape service planning at a local and national level, and to set local priorities in response to local circumstances.

There is an understandable desire at the centre to see greater standardisation and better use of best practice across the service, as well as a strong push from the Treasury to see measurable results from the additional investment, but we remain concerned that past behaviours could be repeated, which would mean frustration at local level at oppressive regulation on senior leaders and a disillusioned and disengaged clinical workforce. The plan needs to be owned locally.

In our recent report, *Letting local systems lead*, we warned that the systemic problems facing the service would only be addressed via close partnership working at a local level, and through supporting and empowering local systems to address these challenges.

Local flexibility will be particularly relevant in workforce development, and we hope that the promised workforce strategy will be permissive in setting out approaches to enable local leaders to get the most from their own staff.

A further gap is the lack of local accountability measures to mitigate the weakening of some of the national-level accountabilities created by the 2012 Health and Social Care Act. It is undoubtedly right to remove barriers to local organisations working closely together that were created, for example by giving the Competition and Markets Authority oversight over NHS mergers and acquisitions.

Similarly, the most zealous application of NHS procurement legislation has created unnecessary bureaucracy. But we must not lose sight of the fact that these measures made it possible for patients to make choices about their care within the NHS system.

Patient choice may not always be a key driver of service quality, but it can improve the experience of patients – for instance through being able to choose the most convenient location for elective treatment. We must make sure that we do not inadvertently reduce the options open to patients when streamlining how services are planned and provided. We will also need to see further detail about how the voices of patients, staff and our partners will be heard as part of local and national planning and delivery decisions.

### **Next steps**

While setting a promising direction, the long-term plan leaves several questions open. We will be working with members to understand further the plan's implications and to support members in taking it forward to implement it, and we will be keen to discuss the plan with our members in the coming weeks.

# Appendix

## Summary of the NHS Long Term Plan

### **CHAPTER ONE, page 4:** A new service model for the 21st century

- Primary and community care
- Supporting people to age well
- Reducing pressures on emergency hospital services
- Outpatient services
- Personalisation
- Integrated care systems and population health

### **CHAPTER TWO, page 7:** More NHS action on prevention and health inequalities

- Prevention
- Health inequalities

### **CHAPTER THREE, page 9:** Further progress on care quality and outcomes

- A strong start in life for children and young people
  - Children and mental health
  - Learning disability and autism
  - Children and young people with cancer
  - Redesigning other services for children and young people
- Better care for major health conditions
  - Cancer
  - Cardiovascular disease
  - Stroke care
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- Research and innovation to drive future outcome improvements

### **CHAPTER FOUR, page 16:** NHS staff will get the backing they need

### **CHAPTER FIVE, page 17:** digitally enabled care will go mainstream across the NHS

- Patient level (empowering people)
- Clinician level (supporting health and care professionals)
- Trust level (supporting clinical care)
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### **CHAPTER SIX, page 19:** Taxpayers' investment will be used to maximum effect

- Test 1 – the NHS (including providers) will return to financial balance
- Test 2 – the NHS will achieve cash-releasing productivity growth of at least 1.1 per cent per year
- Test 3 – the NHS will reduce the growth in demand for care through better integration and prevention
- Test 4 – the NHS will reduce unjustified variation in performance
- Test 5 – the NHS will make better use of capital investment and its existing assets to drive transformation

### **CHAPTER SEVEN, page 21:** next steps

- NHS Assembly and comprehensive spending review
- Revised NHS England/NHS Improvement role

## **CHAPTER ONE: A new service model for the 21st century**

The long-term plan articulates a range of changes to how NHS services will be provided, encompassing primary, community, acute and mental health care, personalisation, digitisation and a shift to universal coverage of the ICS local system leadership approach in England.

### **Primary and community care**

The plan sets out a firm commitment to support primary and community services with increased funding, as well as changes to the delivery of these services and a national roll-out of primary care networks. The plan has an explicit aim to "dissolve the historic divide between primary and community health services":

- Increased investment in primary medical and community health services as a share of the total national NHS revenue spend across the five years from 2019/20 to 2023/24 - spending on primary and community health services will be at least £4.5 billion higher in five years' time, with the potential for CCGs and ICSs to supplement this.
- Individual primary care practices in a local area will enter into a network contract, as an extension of their current contract, and have a designated single fund through which all network resources will flow.
- £4.5 billion of new investment will fund expanded community multidisciplinary teams aligned with primary care networks.
- 'Shared savings' scheme to enable primary care networks to benefit from efficiencies such as reducing avoidable A&E attendances, admissions and delayed discharge, avoidable outpatient visits and over-medication.
- All parts of the country to have enhanced community health crisis response services to deliver the services within two hours of referral (where judged clinically appropriate) and delivering reablement care within two days of referral to those patients who need it.
- More NHS community and intermediate health care packages to be delivered to support

timely crisis care, with the ambition of freeing up over one million hospital bed days.

### **Supporting people to age well**

Frailty and later life have received growing attention in recent years, and the plan includes several commitments to improve care for older people:

- Primary care networks to assess local populations by risk of unwarranted health outcomes and working with community services, provide support where needed, from 2020/21.
- Improved identification of unpaid carers, and strengthen support using best-practice Quality Markers.
- Greater support for people with dementia and delirium through more active focus by enhanced community multidisciplinary teams and the application of the comprehensive model of personal care.
- NHS England's Enhanced Health in Care Homes (EHCH) Vanguards to be rolled out across the whole country to strengthen links between primary care networks and care homes alongside support for easier, secure, sharing of information between care homes and NHS staff.

### **Reducing pressures on emergency hospital services**

Building on existing progress in reducing emergency admissions, and treating sicker people in the community, the plan sets out measures to address increasing pressure on the emergency care system by boosting pre-hospital urgent care, prioritising same-day emergency care and reducing delays in patients being able to go home:

- Develop a single multidisciplinary Clinical Assessment Service (CAS) within integrated NHS 111, ambulance dispatch and GP out of hours services, with access to medical records, from 2019/20.
- Implement the Urgent Treatment Centre model nationally by Autumn 2020.
- NHS England and NHS Improvement to work with commissioners to ensure that more people can be treated by paramedics at home or in a

more appropriate setting outside of hospital.

- NHS England to set out a new national framework to counter fragmentation in ambulance service commissioning.
- Every acute hospital with a type 1 A&E department to embed Same Day Emergency Care model in 2019/20.
- A new operating model for smaller hospitals to help them work effectively with other parts of the local healthcare system.
- Place therapy and social work teams at the beginning of the acute hospital pathway, with every patient having an agreed clinical care plan within 14 hours of admission (including expected date of discharge), implementation of the SAFER patient flow bundle and multidisciplinary team reviews on all hospital wards every morning.

## Outpatient services

One of the more eye-catching commitments in the plan is a redesign of outpatient services to reduce face-to-face appointments. The plan states that over the next five years, patients will be able to avoid up to a third of face-to-face outpatient visits, removing the need for up to 30 million outpatient visits a year. Other approaches already in use include better support to GPs to avoid hospital referrals, online booking systems, appointments closer to home, and alternatives such as digital appointments. According to the plan, this will avoid spending an extra £1.1 billion a year on additional outpatient visits, were current trends to continue – this could be invested in faster, modern diagnostics and other needed capacity instead.

## Patients to get more control over their own healthcare and more personalised care when they need it

The plan sets out objectives for greater use of personal budgets, social prescribing schemes and end-of-life plans, as part of an improved NHS personalised care model:

- Roll-out of the NHS Personalised Care model across the country, reaching 2.5 million people by 2023/24 and then aiming to double that again within a decade.

- Providing link workers within primary care networks to develop tailored plans for individuals and connect them to local groups and support services – with over 1,000 trained social prescribing link workers will be in place by the end of 2020/21 rising further by 2023/24.
- Greater emphasis on self-management, starting with diabetes prevention and management, asthma and respiratory conditions, maternity and parenting support and online therapies for common mental health problems.
- Up to 200,000 people to benefit from a Personal Health Budgets (PHB) by 2023/24, plus an expansion to include support for those in mental health services, for people with a learning disability, social care and at the end of life.

## Local NHS organisations will increasingly focus on population health – moving to integrated care systems (ICS) everywhere

The ICS is confirmed as the preferred model of healthcare planning and provision for the NHS.

### Measures include:

- Target date of 2021 for full ICS coverage of England.
- ICS will work with Local Authorities at ‘place’ level and commissioners will make shared decisions with providers on how to use resources, design services and improve population health.
- There will be a shift to “typically” a CCG for every ICS area – meaning a consolidation of existing CCGs, which will become “leaner, more strategic organisations that support providers to partner with local government and other community organisations on population health, service redesign and long-term plan implementation”.
- NHS Improvement will take a more proactive role in supporting trusts that wish to explore formal mergers, with a new fast-track approach to assessing mergers and transactions involving trusts that have been accredited as ‘group’ leaders.
- A new Integrated Care Provider (ICP) contract for public statutory providers will be available from 2019, meaning primary medical services can be integrated with other services under contracts.

- A new ICS accountability and performance framework will bring together current local accountability arrangements and provide a consistent and comparable set of performance measures, including an “integration index” developed with patient groups and the voluntary sector to measure the extent to which local services are perceived to be providing joined up and anticipatory care.
- The system will continue to support local approaches to blending health and social care budgets where councils and CCGs agree that this is the right path.

#### **Every ICS will have:**

- A partnership board, drawn from and representing commissioners, trusts, primary care networks, local authorities, the voluntary and community sector and other partners.
- Locally chosen non-executive chair (approved by NHSE&I’s regional director).
- Sufficient clinical and management capacity.
- Full engagement with primary care – including with named accountable clinical director of each primary care network.
- Requirement for all providers within an ICS to contribute to ICS goals and performance, including via longer-term NHS contracts with requirements to collaborate in support of system objectives.
- Clinical leadership aligned around ICSs to create clear accountability to the ICS.

## **CHAPTER 2: More NHS action on prevention and health inequalities**

The long-term plan is clear that the NHS has an important role to play in improving prevention and reducing health inequalities, thereby helping to reduce demand for NHS services. Actions encompass both physical and mental health and the plan states that they should be viewed as complementary to the role of local government, not as a substitute.

### **Prevention**

The priorities for the renewed NHS prevention programme are drawn from the Global Burden of

Disease study and include: smoking; poor diet; high blood pressure; obesity; and alcohol and drug use. Air pollution and lack of exercise are also significant. The plan focuses on planned action in some of these in more detail:

- **Smoking** – by 2023/24 all people admitted to hospital who smoke will be offered NHS-funded stop smoking services – these will also be made available as part of specialist mental health services and in learning disability services.
- **Obesity** – the NHS will provide a targeted support offer and access to weight management services in primary care for people with a diagnosis of type 2 diabetes or hypertension with a BMI of 30+. Funding for the NHS Diabetes Prevention Programme will be doubled over the next five years, alongside piloting very low-calorie diets for obese people with type 2 diabetes; food standards will continue to focus on healthy NHS premises, with substantial restrictions on HFSS foods and beverages. All trusts will be required to deliver against these standards.
- **Alcohol** – those hospitals with the highest rate of alcohol dependence-related admissions will be supported to establish specialist Alcohol Care Teams (ACTs), funded through their CCG health inequalities funding supplement.
- **Air pollution** – the NHS will work to reduce air pollution from all sources, including cutting business mileage and fleet air pollution emissions by 20 per cent by 2023/24.
- **Antimicrobial resistance** – the NHS will continue to support implementation and delivery of the government’s new five-year action plan on Antimicrobial Resistance. This will include reducing the need for and unintentional exposure to antibiotics, as well as supporting the development of new antimicrobials.

### **Health inequalities**

The plan takes a more concerted and systematic approach to reducing health inequalities and addressing unwarranted variation in care than other recent strategy documents.

In particular, NHS England will continue to target a

higher share of funding towards geographies with high inequalities than would have been allocated using solely the core needs formulae. By 2023/24 this funding is estimated to be worth over £1 billion. From April 2019, and to inform the five-year CCG allocations, NHS England will introduce more accurate assessment of need for community health and mental health services, as well as ensuring the allocations formulae are more responsive to the greatest health inequalities and unmet need. NHS England will commission the Advisory Committee on Resource Allocation (ACRA) to conduct and publish a review of the inequalities adjustment to the funding formulae.

#### **Other areas highlighted to strengthen the role the service plays in tackling inequalities include:**

- All local health systems will be expected to set out during 2019 how they will reduce health inequalities by 2023/24 and 2028/29. These plans will also set out how CCGs benefitting from the health inequalities adjustment are targeting their funding to improve the equity of access and outcomes.
- In maternity services, an enhanced and targeted continuity of care model will be implemented to help improve outcomes for the most vulnerable mothers and babies.
- By 2020/21, the NHS will ensure at least 280,000 people living with severe mental health problems have their physical health needs met each year. This number will rise to 390,000 by 2023/24.
- Services for people with a learning disability, autism or both will be improved, particularly eyesight, hearing and dental services, and general screening services, for children with these conditions.
- The NHS will invest up to £30 million extra on meeting the needs of rough sleepers, to ensure that parts of England most affected will have better access to specialist homelessness NHS mental health support, integrated with existing outreach services.
- More work to identify and support carers, particularly those from vulnerable communities – including through national adoption of carers' passports, and contingency planning conversations with 100,000 carers.

- NHS specialist clinics will be expanded to help more people with serious gambling problems.
- A continued commitment from the NHS to champion, commission and partner with local charities, social enterprises and community interest companies providing support to vulnerable and at-risk groups.

### **CHAPTER 3: Further progress on care quality and outcomes**

Improvement priorities are outlined for the biggest killers and disablers to the population, based on evidence from the Global Burden of Disease study for England, supplemented by the views of patients and the public.

#### **A strong start in life for children and young people**

The plan acknowledges a mixed picture for children's health, with reductions in still births and neo-natal deaths but underperformance internationally on obesity and mental distress.

##### **It pledges:**

- Accelerated action to achieve 50 per cent reductions in stillbirth, maternal mortality, neo-natal mortality and serious brain injury by 2025.
- Implementing the National Maternity Review : Better Births, so that by Spring 2019 every English trust will be part of the National Maternal and Neonatal Health Safety Collaborative.
- Aim to roll out the Saving Babies Lives Care Bundle (SBLCB) to all maternity units in England in 2019 which has shown a 20 per cent reduction in stillbirth rates in maternity units where it has been implemented. The SBLCB will then expanded to include a focus on preventing pre-term birth, which has been increasing.
- By 2023–24 all women are expected to be able to access their maternity notes and information through their smartphones or other devices.
- Care provided by specialist peri-natal mental health services to be available for 24 months rather than the current 12.

- Commits to improving access to postnatal physiotherapy to support women who need it to recover from birth.
- All maternity services to deliver an accredited evidence-based infant feeding programme.
- Aim to redesign and expand neonatal critical care services to improve the safety and effectiveness of services.
- Promise of additional neo-natal nurses and expanded role of allied health professionals to support them.

**Children and young people's mental health services:**

NHS England's plans build on commitments to expand mental health services for children and young people in the Five Year Forward View for Mental Health:

- 70,000 more children and young people will access treatment each year by 2020/21.
- A "new commitment" that funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending.
- By 2023/24, at least an additional 345,000 children and young people aged 0–25 will be able to access support via NHS funded mental health services and school or college-based mental health support teams.
- Over the coming decade to ensure that 100 per cent of children and young people who need specialist care can access it.
- Investment boosted in children and young people's eating disorder services to allow the NHS to maintain delivery of the 95 per cent standard beyond 2020/21.
- Single point of access through NHS 111, all children and young people experiencing crisis will be able to access crisis care 24 hours a day, seven days a week.
- New mental health support teams working in schools and colleges will be rolled out to between one-fifth and a quarter of the country by the end of 2023.

- Testing approaches to delivering four week waiting times for access to NHS support, ahead of introducing new national waiting time standards for all children and young people who need specialist mental health services.
- New services for children who have complex needs that are not currently being met, including those subject to sexual assault but who are not reaching the attention of Sexual Assault Referral Services.
- A new approach to young adult mental health services for people aged 18–25 as part of a comprehensive offer for 0–25 year olds that reaches across mental health services for children, young people and adults.
- Greater capability and capacity within universities to improve student welfare services and improve access to mental health services.

**Learning disability and autism:**

- STPs and ICSs are expected to ensure that reasonable adjustments are being made to support people with learning disabilities
- Over the next five years, national learning disability standards will be implemented, promoting greater consistency on things like people's rights, working more effectively with people and their families and workforce.
- NHS to work with CQC to implement recommendations to restrict use of seclusion, long-term segregation and restraint for all inpatients, particularly children and young people.
- Commits the NHS to taking action to tackle the causes of morbidity and preventable deaths in people with learning difficulties and autism.
- Local providers will be able to take control of budgets to reduce avoidable admissions, length of stay and out of area placements for people with learning disabilities or autism, drawing on learning from New Care Models.

**Children and young people with cancer:**

- From 2019 all children to be offered whole genome sequencing and children and young people to be amongst first to benefit from C-ART cancer therapies.

- Ensure children's participation in clinical trials remains high by supporting children and young people to take part in clinical trials and increasing the number of teenagers that take part by 50 per cent by 2025.
- From September 2019, offer vaccines for all boys aged 12–13 against HPV-related diseases, to match the success of the existing programme for girls.

NHS England has promised that over the next five years it will increase its contribution to the children's hospice grant programme, by matching CCGs who commit to increase their investment in this area. They expect this to increase NHS support from £11 million to £25 million by 2023/4.

### **Redesigning other services for children and young people:**

The plan suggests that more needs to be done to limit unnecessary A&E attendances by children and young people, by managing these patients more effectively in primary and community settings:

- Local areas to design and implement age appropriate models of care, that bring together physical and mental health services.
- Clinical networks to be rolled out to ensure improvements in quality of care for children with long-term conditions such as asthma and epilepsy, by sharing best practice, integrating paediatric skills and bespoke quality improvement projects.
- Paediatric networks to be established, involving hospitals, NHS staff, patients and families to ensure that children and young people are able to access specialised and non-specialised services.
- Shifting to an 0–25 years service will improve children's experience, outcomes and continuity of care by avoiding arbitrary transitions to adult services based on age, not need.

### **Better care for major health conditions**

The plan sets out specific measures for cancer services, cardiovascular disease, stroke care, diabetes, and respiratory disease

#### **Cancer:**

- A new ambition for cancer diagnosis: by

2028 the proportion of cancers diagnosed at stages 1 and 2 will rise from around half to three quarters of patients.

- To do this, the NHS will build on work to raise awareness of the symptoms of cancer, lower GP referral thresholds and accelerate access to diagnosis and treatment, including more personal, risk stratified screening.
- Former cancer tsar Sir Mike Richards will lead a review of the current screening programmes and diagnostic capacity, this will make initial recommendations in Easter 2019, to be finalised in the summer.
- A new faster diagnosis standard will be introduced from 2020 to ensure patients receive a definitive diagnosis or ruling out of cancer within 28 days of referral from a GP or screening.
- A radical overhaul of the way diagnostic services are delivered, through a national roll out of rapid diagnostic centres, building on ten pilots modelled by Cancer Research UK.
- The NHS will use part of its capital settlement, being negotiated this year as part of the Spending Review to buy new equipment including CT and MRI scanners that deliver safer and faster test results.
- Primary care networks will be required to help improve early diagnosis of patients in their neighbourhoods by 2023/24, by working with GPs to ensure they are using the latest evidence-based guidance to identify those at risk of cancer more quickly.
- Other specific measures include implementing HPV primary screening for cervical cancer across England by 2020, extending lung health checks, following a pilot in Manchester and Liverpool, and modernising the Bowel Cancer Screening Programme

#### **Cardiovascular disease:**

- Working with local authorities and PHE, the long-term plan commits to improving the effectiveness of approaches such as the NHS Health Check, rapidly treating those identified with high-risk conditions.

- A national network of community first responders and defibrillators will help save up to 4,000 lives each year by 2028.
- People with heart failure and heart valve disease will be better supported by multi-disciplinary teams as part of primary care networks.
- By 2028 the proportion of patients accessing cardiac rehabilitation will be amongst the best in Europe, with up to 85 per cent of those eligible accessing care.

#### **Stroke care:**

- In 2019, working with the Royal Colleges, a pilot of a new credentialing programme for hospital consultants to be trained to offer mechanical thrombectomy.
- By 2020, improved post-hospital stroke rehabilitation models will begin to be rolled out, with full roll-out over the period of this long-term plan.
- By 2022, the NHS will deliver a ten-fold increase in the proportion of patients who receive a thrombectomy after a stroke so that each year 1,600 more people will be independent after their stroke.
- The plan sets an ambition for England to have amongst the best performance in Europe for delivering thrombolysis to all patients who could benefit by 2025.

#### **Diabetes:**

- The NHS will support people who are newly diagnosed to manage their own health by further expanding provision of structured education and digital self-management support tools, including expanding access to HeLP Diabetes an online self-management tool for those with type 2 diabetes.
- For those who periodically need secondary care support, all hospitals will in future provide access to multidisciplinary footcare teams and diabetes inpatient specialist nursing teams to improve recovery and to reduce lengths of stay and future readmission rates.

#### **Respiratory disease:**

- Investment targeted at improved treatment and support for those with respiratory

disease, with an ambition to transform outcomes to equal, or better, our international counterparts, over the next ten years.

- From 2019, the NHS will build on the existing NHS RightCare programme to reduce variation in the quality of spirometry testing across the country. Primary care networks (detailed in Chapter One) will support the diagnosis of respiratory conditions. More staff in primary care will be trained and accredited to provide the specialist input required to interpret results.
- Pharmacists in primary care networks will undertake a range of medicine reviews, including educating patients on the correct use of inhalers and contributing to multidisciplinary working.
- Patients identified with community-acquired pneumonia in emergency departments will be supported to be cared for out of hospital through nurse-led supported discharge services.
- The plan commits to enabling more people with heart and lung disease to complete a programme of education and exercise-based rehabilitation will result in improved exercise capacity and quality of life in up to 90 per cent of patients.

#### **Adult mental health services:**

- The plan makes a renewed commitment that investment in mental health services will grow faster than the overall NHS budget, creating a new ringfenced local investment fund worth at least £2.3 billion a year by 2023/24.
- By 2023/24, an additional 380,000 adults and older adults will be able to access NICE-approved IAPT services.
- Possible new targets for mental health services.
- NHS England will test four-week waiting times for adult and older adult community mental health teams in selected local areas to understand how to introduce achievable improvements in access, quality of care and outcomes.
- New and integrated models of primary and community mental health care will support adults and older adults with severe mental illnesses, including access to psychological therapies, improved physical health care, employment

support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance use. This includes maintaining and developing new services for people who have the most complex needs and proactive work to address racial disparities.

- Local areas “will be supported to redesign and reorganise core community mental health teams to move towards a new place-based, multidisciplinary service across health and social care aligned with primary care networks”, with “new models of care, underpinned by improved information sharing” by 2023/24.
- A 24/7 community-based mental health crisis response for adults and older adults available across England by 2020/21, offering intensive home treatment as an alternative to an acute inpatient admission, and all-age mental health liaison service in Emergency Departments and inpatient wards by 2020/21.
- By 2023/24, 70 per cent of these liaison services will meet the ‘core 24’ standard, working towards 100 per cent coverage.
- In the next ten years a single point of access and timely, universal mental health crisis care for everyone.
- 24/7 access to the mental health support they need in the community via NHS111.
- Clear standards for access to urgent and emergency specialist mental health care including post-crisis support for families and staff who are bereaved by suicide.
- Increased alternative forms of provision for those in crisis, including sanctuaries, safe havens and crisis cafés.
- Specific waiting times targets for emergency mental health services to take effect from 2020.
- Ambulance staff will be trained to respond effectively to people in a crisis – new mental health transport vehicles will reduce inappropriate ambulance or police conveyance to Emergency Departments.
- The Five Year Forward View for Mental

Health programme is working to eliminate inappropriate out of area placements for non-specialist acute care by 2021.

- Work to bring units with a long length of stay down to the national average of 32 days.
- NHS England will design a new Mental Health Safety Improvement Programme, which will have a focus on suicide prevention and reduction for mental health inpatients.

### Research and innovation to drive future outcome improvements

The plan includes a series of commitments aimed at ensuring research and innovation is embedded in NHS practice:

- Work to increase the number of people registering to participate in health research to one million by 2023/24 with people able to view opportunities and register interest to do this via the NHS app by 2020.
- New Genomic medicine service to sequence 500,000 whole genomes by 2023/24.
- During 2019 seriously ill children, those with a rare genetic disorder or those suffering from cancer and adults suffering from certain rare conditions or specific cancers to be offered whole genome sequencing.
- Bring together in one place all ‘horizon scanning’ activities related to research, technology and innovation.
- Special individualised support coordinated by NHSE and NHSI for innovations for products that are ‘ready for spread’ across the NHS.
- Funding for AHSNs to be guaranteed to April 2023.
- NHS Export Collaborative with Healthcare UK to be formed by 2021 to work with selected trusts to export NHS Innovations.

### CHAPTER 4: NHS staff will get the backing they need

The key objective of the workforce elements of the plan is to “ensure the NHS has the right number of

staff with right skills and experience" to deliver the overall objectives of the plan.

In particular it argues that the NHS will need more staff working in rewarding jobs in a more supportive culture" and needs to take action to address imbalance between supply and demand in key areas and change NHS roles to reflect future needs and priorities.

- An overall NHS workforce implementation plan will be developed led by a Workforce Implementation Group led by NHSI.
- Immediate focus on tackling issue of 14 000 applicants that applied to be nurses but did not get onto courses.
- An expansion of nurse placements by up to 50 per cent in 2020/21 to ensure all those that train to be a nurse can be found a place.
- A guarantee of a job offer for all newly qualified nurses in the area they qualify.
- Increased focus on work to retain nurses with long-term aim to reduce nurse vacancies to 5 per cent by 2028.
- An online degree programme will be developed at lower cost than current courses.
- New "earn and learn" incentives to address shortages in mental health and learning disability nursing.
- Further expansion of Nurse Associates and also of apprenticeships in nursing and healthcare.
- New arrangements for international medical recruitment and for further national recruitment campaigns.
- Healthcare Education England to look at investment in CPD training, once its budget is finalised in the spending review.
- Work on range of medical training issues such as credentialing working with Medical Royal Colleges.
- NHS Improvement will lead work on improving workforce productivity through increased use of e-rostering and e-job planning.

**The document also emphasises the need for the NHS to have a "modern employment culture", in particular to:**

- Promote flexibility, well-being and career development.
- Tackle violence, bullying and harassment and discrimination.
- NHS England will invest an extra £1 million a year to extend the work of the Workforce Race Equality Standard to 2025.

It also states that there will be a new approach to leadership in the NHS to promote "compassionate and diverse" leadership at all levels. In particular a new "leadership code" is being developed as well as a new approach to developing the "leadership pipeline" so that those with the capability and ambition to reach the most senior levels of the service are identified, developed and supported more systemically. Specific measures include:

- Proposals to ensure that more senior clinicians take on executive leadership roles building on the recent Faculty of Medical Leadership and Management report on clinical leadership.
- Expansion of the NHS graduate management training scheme, and support for graduates from the scheme, while also identifying high-potential clinicians and others to receive career support to enable progression to the most senior levels of the service.
- A consideration of the potential benefits and operation of a professional registration scheme for senior NHS leaders, similar to those used in other sectors of the economy and amongst other NHS professionals.
- Measures to support transitions from other sectors into senior leadership positions in the NHS.

Ensuring that staff are making the most of their skills and expertise will form a critical component of the NHS workforce implementation plan. The plan proposes to address this through:

- Putting in place changes at national and local levels to remove wasted time and irritating tasks – such as via HEE's STAR tool.

- Ensuring the rapid deployment of technology in order to free up staff time: Professor Eric Topol is currently leading work to consider what education and training changes may be needed to maximise the opportunities of technology, artificial intelligence and genomics in the NHS – his conclusions will inform the workforce implementation plan.

The NHS is to be encouraged to broaden access for younger volunteers through programmes such as #iWill and ab increased focus on programmes in deprived areas, and for those with mental health issues, learning disabilities and autism. NHS England will commit at least £2.3 million of funding to scale successful volunteering programmes across the country as part of a programme to double the number of NHS volunteers over the next three years.

## **CHAPTER 5: Digitally enabled care will go mainstream across the NHS**

The plan sets out a vision for a health service that reflects the technological gains made elsewhere in society. It champions digital interventions at the patient, clinician, system and national levels as the catalyst for improved care and outcomes.

### **Patient level (Empowering people)**

- In ten years-time most patients will be offered ‘digital first’ appointments as a matter of course, with primary care and outpatient services working on a model of ‘tiered escalation’ depending on need.
- People will be increasingly cared for in their own homes via wearable devices that are monitored by local health and care organisations or by the user.
- The NHS app will continue to be developed, providing a single gateway for people to access the NHS digitally. It will also be opened up to allow developers to build enhancements that support a range of specific conditions; the NHS app and its browser-based equivalent will enable patients to undergo an online triage with can direct them to appropriate services.
- Over the next five years, every patient will be able to access a GP digitally and where possible,

opt for a virtual outpatient appointment, either with their own practice or another provider.

- Patients will have a single NHS login allowing them to identify themselves to a range of services.
  - In 2019/20 100,000 women will be able to access their maternity record digitally, with availability rolled out across England by 2023/24.
  - Expansion of Diabetes Prevention Programme to offer digital access from 2019 and the endorsement of a range of technologies that deliver digitally-enabled modes of therapy for depression and anxiety by 2020.
  - Creation of the ‘Application Programming Interface’ alongside appropriate governance models to underpin expansion of access to self-care technologies.
  - By 2020, every patient with a long-term condition will have access to their health record through the summary care record via the NHS app. By 2023, this functionality will be moved to the personal health record held within the Local Health and Care record.
  - Personal health records will hold a care plan that incorporates information added by the patient and/or their carer.
- ### **Clinician level (supporting health and care professionals)**
- The plan places a requirement on software developers who work with the NHS to meet minimum usability standards.
  - Over the next three years availability of mobile digital services is to be ensured to all NHS staff working in the community, enabling remote access to patient care records and plans.
  - Ambulance services will have access to digital tools necessary to reduce avoidable conveyance to A&E.
  - Informatics leadership will be present on the board of every NHS organisation and there will be an expansion of NHS Digital Academy Programme.
- ### **Trust level (Supporting Clinical Care)**
- Over the next five years, chief executives will drive digital transformation of their

organisations and non-executive directors will support digital maturity.

- From 2020 all NHS organisations are to cease using fax machines to communicate with other NHS organisations or patients.
- All providers across acute, community and mental health are to advance to core level of digitisation by 2024, supported by accelerated roll out of Electronic Patient record systems and implemented to nationally agreed standards to enable integration with the Local Health and Care Record.
- Global Digital Exemplars programme will continue to roll out with some central funding made available to trusts to help them meet mandated standards and technical requirements.
- Expansion of virtual clinics to replace follow-up appointments in some cases.
- Integrated child protection system to replace legacy systems to deliver screening and vaccination solutions by 2022.

### System/national level (Improving population health)

- During 2019, greater population health management tools to be deployed to better understand areas of need and match NHS services accordingly.
- Open Application Programming Interfaces to be made available to industry to promote innovation and support interoperability and integration between software.
- Pathology networks by 2021 will enable quicker test turnaround times and better mandated open standards in procurement will ensure that these networks have the latest AI at their disposal.
- By 2023, diagnostic imaging networks to enable rapid transfer of clinical images between local and specialist services and development of large clinical data banks to fuel research and innovation.
- Increasing automation for many tasks with the assistance of AI.
- Mandate and continually update cyber security standards of NHS digital systems.

### CHAPTER 6: Taxpayers' investment will be used to maximum effect

- The long-term plan reiterates the five financial tests the government set for the NHS in June 2018, at the point when the Prime Minister announced a 3.4 per cent funding increase for the service, and provides further detail about how these tests will be met.

#### Test 1 – the NHS (including providers) will return to financial balance

Measures proposed to meet this test include:

- Ensuring "rigorous and disciplined" financial management across the NHS by continuing to balance the NHS books nationally, returning the provider sector to balance in 2020/21 and reducing year on year the number of NHS organisations in deficit so that all NHS organisations are in balance by 2023/24.
- Changing payment arrangements and allocations, including phasing in an updated Market Forces Factor (MFF) over five years, payment system reform to move away from activity-based payments to population payments (though retaining "appropriate" volume-related payments for elective care "for now").
- A shift to a blended payment model with a single set of financial incentives aligned to long-term plan commitments, starting with urgent and emergency care.
- Using 2019/20 as a transitional year, with one-year rebased control totals to take account of any distributional effects from changes to payment arrangements, alongside greater flexibility for STPs/ICSs to agree financially neutral changes to control totals within their systems.
- A new NHS Improvement accelerated turnaround process in the 30 worst financially performing trusts.
- Further financial reforms after the 2019/20 financial year to support ICSs to deliver integrated care.

- A new financial recovery fund to support systems' and organisations' efforts to make NHS services sustainable – the size of this fund will taper over a five-year period, with funding to be replaced by recurrent efficiency improvements delivered through multi-year recovery plans. Funds will only be available to trusts where deficit control totals indicate a risk to service sustainability and continuity, and where NHS Improvement/England-backed financial recovery plans are on course to deliver significant year-on-year improvements in sustainability and financial performance.

### **Test 2 – the NHS will achieve cash-releasing productivity growth of at least 1.1 per cent per year**

GIRFT will be at the forefront of this objective, in conjunction with RightCare and increased investment in quality improvement. The next two years will see a focus on ten priority areas:

- Improving the availability and deployment of the clinical workforce and reducing agency and bank costs.
- Procurement savings through aggregation of volumes and standardising specifications.
- New pathology and imaging networks to improve speed and accuracy of tests and scans while reducing unit costs.
- Improved efficiency in community health services, mental health and primary care.
- Delivering value from the £16 billion NHS spend on medicines, via implementation of electronic prescribing systems, and through greater involvement of pharmacists to support patients to get best use from their medicines, alongside reductions in the prescribing of low-clinical value medicines.
- Further efficiencies in NHS administrative costs across providers and commissioners nationally and locally – this is slated to save £700 million by 2023/24, with £290 million drawn from commissioners and more than £400 million from providers – simplifying “costly and bureaucratic” contracting processes, shifting away from episode-based payments and reducing the costs

of transactional services are highlighted here.

- Improving the way the NHS uses land, buildings and equipment – including through reducing the amount of non-clinical space by a further 5 per cent.
- Reducing unnecessary/ineffective interventions.
- Improving patient safety and reducing patient harm and the costs associated with it through a new ten-year national strategy to be published in 2019.
- Continuing to tackle patient, contractor, payroll and procurement fraud via the NHS Counter Fraud Authority.

### **Test 3 – the NHS will reduce the growth in demand for care through better integration and prevention**

- This test draws on measures set out elsewhere in the plan focusing on service model reform, prevention and health inequalities and care quality and outcomes.

### **Test 4 – the NHS will reduce unjustified variation in performance**

- This test draws on measures elsewhere in the plan focusing on prevention and health inequalities, care quality and outcomes and elsewhere within the five financial tests set out in this section.
- Test 5 – the NHS will make better use of capital investment and its existing assets to drive transformation.
- In addition to work already underway to improve NHS estates, reforms to the NHS's capital regime are under consideration; these will be set out in detail alongside the capital settlement at the Spending Review and will aim to “remove the existing fragmentation of funding sources, short-termism of capital decision making and uncertainty for local health economies”.

## **CHAPTER 7: Next steps**

The plan describes a new operating model, “based on the principles of co-design and collaboration, working with leaders from across the NHS and with

our partners" and an approach of "balanc[ing] national direction with local autonomy to secure the best outcomes for patients".

**It highlights the following important points:**

- Details of the NHS capital budget, funding for education and training and the local government settlement to cover public health and adult social care services will follow in the government's spending review – these will be significant for delivery of the plan.
- To support local planning, local health systems will receive five-year indicative financial allocations for 2012/20 to 2023/24 and will be asked to produce local plans for implementing the commitments set out in the long-term plan in 2019.
- As ICSs become established they will take on responsibility, with system providers, for wider objectives in relation to the use of NHS resources and population health, meaning neither trusts nor CCGs will pursue actions which would improve their own positions but result in a worse position for the system overall.
- The plan sees the route to allowing patients, professionals and the public to contribute as being the establishment of an NHS Assembly in 2019.

**It articulates a revised NHS England and NHS Improvement role:**

- NHS England and Improvement will implement a new shared operating model to support delivery of the long-term plan, to feature:
  - shared regional teams,
  - a shift from arm's length regulation and performance management to supporting service improvement and transformation
  - emphasis on strong governance and accountability mechanisms for systems
  - reinforcement of Board, governing body and ICS level accountability for adopting best practice standards and national improvement on a comply or explain basis
  - improving the quality of data and making better use of it.

It also outlines a suite of possible legislative changes:

- Shared provider and CCG duties to promote the triple aim of better health for everyone, better care for all patients and sustainability for their local system and the wider NHS.
- Lifting restrictions in the 2012 Act on how CCGs can collaborate with NHS England, and enabling NHS England to integrate section 7A public health functions with core mandate functions, where helpful in order to remove impediments to place-based commissioning.
- Letting trusts and CCGs exercise functions and make decisions jointly via joint committees operating as publicly accountable partnership boards (rather than creating a new statutory tier at ICS level).
- Support the creation of NHS integrated care trusts, which has been challenging since repeal of NHS trust legislation in 2012.
- Remove the Competition and Markets Authority's (CMA) duties in the 2012 Act to intervene in NHS provider decisions and its powers relating to NHS pricing and provider licence condition decisions – while leaving its role in tackling abuses and anticompetitive behaviour in health markets untouched; also dispensing with Monitor's 2012 Act competition roles.
- Allow NHS commissioners to decide when they should use procurement, subject to a "best value" test to secure best outcomes for patients and the taxpayer.
- Increase flexibility in the NHS pricing regime, supporting the move away from activity-based tariffs and enabling Section 7a public health services to be commissioned as part of a bundle.
- Enabling NHS England and NHS Improvement to, as a minimum, be able to establish a joint committee and subcommittees of functions with corresponding streamlining of executive and non-executive functions.

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