

Developing the long term plan for the NHS

November update from the Long Term Plan Engagement Team – england.ltp@nhs.net

The story so far

On 18th June the Prime Minister set out a funding settlement for the NHS in England for the next five years. In return, the NHS has been asked to set out a long term plan for the future of the service, setting out our ambitions for improvement over the next decade, and our plans to meet them over the five years of the funding settlement.

A number of working groups – comprising local and national NHS and local government leaders, clinical experts and patient/voluntary sector representatives – have been engaging with other relevant stakeholders to develop policy proposals for inclusion in the plan.

Over September those working groups organised or attended **over 150 meetings** with stakeholders and received hundreds of written submissions. An online call for views has also enabled other stakeholders, in particular members of the public and front-line NHS staff, to inform policy development. **More than 2,000 submissions** were received through the portal, representing the views and interests of **3.5 million people**.

Further engagement, including two meetings hearing from hospital trust and CCG leaders, has carried on throughout October to inform how initial policy proposals are brought together. Through November we will be looking at all the views and submissions received as proposals are refined ahead of publication of the final national plan, now expected in December.

What happens next

The publication of the long term plan is not the end of engagement around the future of the NHS.

As Simon Stevens and Ian Dalton set out in [a recent letter](#) to local NHS leaders, the publication of the plan will be followed by local CCGs receiving details of the funding they are likely to receive over the next five years, and other associated guidance. This will provide the basis on which local health and care organisations, working together as part of systems, can develop detailed plans for the next financial year by April 2019, and strategies covering the next five years by Summer 2019.



Therefore, from December onwards, staff, patients, the public and other stakeholders should have the opportunity to work with local organisations to determine what the long term plan means for their area, and how services need to adapt and improve in the short and medium term.

To help facilitate this ongoing engagement, NHS England and NHS Improvement will be providing significant investment, via Healthwatch England, to support local Healthwatch (working together across local health systems) to ensure that the views of patients and the public are heard.

We will also be supporting communications and engagement staff working for local NHS organisations to engage their staff, patients and stakeholders in this ongoing debate, as well as facilitating further engagement with seldom heard groups.

What we've been working on

Below is a short description of the aims that each of the working groups are working towards:

Life course programmes

- **Prevention, Personal Responsibility and Health Inequalities** - driving reductions in demand caused by smoking, obesity and specific reductions in inequalities across England.
- **Healthy Childhood and Maternal Health** - delivering a 50% reduction in stillbirths, neonatal mortality and maternal deaths by 2025, further improvements to infant mortality, reductions in childhood obesity, and improved care for children with long term conditions.
- **Integrated and Personalised Care for People with Long Term Conditions and Older People with Frailty, including Dementia** – improving support for people to live well with LTCs and frailty and reductions in demand for bed based care through proactive support.

Clinical priorities

- **Cancer** – delivering specific improvements in cancer survival rates including faster and earlier diagnosis.
- **Cardiovascular and respiratory** – improving outcomes for respiratory disease, reducing deaths from heart disease and stroke, reducing variation, and improving hyper acute stroke care and rehabilitation.
- **Learning Disability and Autism** – improving diagnosis, early intervention and personalised support for children and young people.
- **Mental Health** – improving access to appropriate mental health care for children and young people, crisis care for all ages, and perinatal mental health care. Further, looking at how we might improve community mental health care for adults with a severe mental illness and complex needs.

Enablers

- **Workforce, Training and Leadership** – setting out the future size and shape of the workforce, and what can be done in the short, medium and long term to deliver this.
- **Digital and Technology** – setting out a vision for the future of healthcare supported by high quality digital, data and technology through the lenses of individuals, frontline staff, health and care systems and research and industry.
- **Primary Care** – developing a more networked model of care that increases resilience, expands the range of services for patients closer to home, and supports increased multi-disciplinary team working in primary care.
- **Research and Innovation** – delivering improvements in uptake and spread of innovations, increased volumes of people participating in research and expansion of genomic testing.
- **Clinical Review of Standards** – putting forward alternative options for standards which better reflect the needs and priorities of patients and staff.
- **System Architecture** – further developing Integrated Care Systems and considering models that better support integration and collaboration.
- **Engagement** – ensuring that the long term plan for the NHS is based on the expertise and insights of staff, patients and stakeholder groups, and considering what role an ‘NHS Assembly’ can play in overseeing its delivery.