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The NHS Long Term Plan

January 2019



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This is a summary produced by the Royal College of Midwives of the NHS Long Term Plan, published by NHS England on 7th January 2019. The purpose of the plan is to guide how the NHS in England develops over the next decade. You can find more information on its standalone website at <https://www.longtermplan.nhs.uk/>

New service models

The Long Term Plan begins with a commitment to developing an NHS that will increasingly be:

- More joined-up and coordinated and with the breaking down of service, organisational and professionals barriers;
- More proactive, with a move to population health management and predictive prevention to better enable people to stay healthy;
- And offering more differentiated support, so as to enable people to take more control of how they manage their physical and mental wellbeing, whilst aligning these tailored interventions with wider collective action on health determinants.

This will require major changes to services, including:

1. Providing more out-of-hospital care and ending the historic divide between primary and community services. This will necessitate increasing spending on primary medical and community health services by at least £4.5bn by 2023/24. For the first time in history, this real terms funding will be proportionately higher than the overall NHS spend. There are also plans to create fully integrated community-based healthcare through the ongoing training and development of multidisciplinary teams. It remains to be seen to what extent community midwifery services will be included in these plans.
2. Reducing pressure on emergency hospital services through, among other things:
 - Embedding a multidisciplinary Clinical Assessment Service within integrated NHS 111, ambulance dispatch and GP out of hour's services.
 - Fully implementing the Urgent Treatment Centre model by autumn 2020.
 - Developing a standard model for smaller acute hospitals who serve rural populations.
 - Maintaining and then reducing targets for reducing delays to transfer of care.



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3. Giving people more control over their own health and more personalised care. Maternity care is listed as one of the initial services that will be expected to 'ramp up' support for people to manage their own health. The NHS Personalised Care Model will be rolled out across England, reaching 2.5m people by 2023/24 and then doubling this by the end of the decade. The roll out of Personal Health Budgets will be accelerated, although there is no mention of personal maternity care budgets.
4. Mainstreaming digitally-enabled primary and outpatient care across the NHS, including giving every patient, over the next five years, the option of choosing digital-first primary care. Redesigning outpatient services in order to reduce face-to-face outpatient visits by a third.
5. A focus on population health, including expanding the number of Integrated Care Systems across England and supporting collaborative approaches between trusts. Local approaches to blending health and social care budgets will be supported and further proposals for social care and health integration will be set out in the forthcoming Green Paper on adult care (publication date to be confirmed).

Maternity services

Maternity services feature strongly in the section of the Plan that focuses on care quality and outcomes improvement. There is a reaffirmation of support for the current maternity transformation programme which will now be underpinned by a new set of ambitions and deliverables.

Beginning with safety, action to achieve a 50% reduction in stillbirth, maternal mortality, neonatal mortality and serious brain injury by 2025 will be accelerated through:

- A roll out of the Saving Babies Lives Care Bundle (SBLCB) across every maternity unit this year. According to an independent evaluation, maternity units that have implemented the Care Bundle achieved a 20% reduction in their stillbirth rates. The expansion of the Care Bundle will also include a focus on preventing pre-term birth with the development of specialist pre-term birth clinics across England. The Care Bundle will also set out further improvements to cardiotocography monitoring, clinically appropriate use of magnesium sulphate and reductions in smoking during pregnancy (more of which later).



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- The establishment of Maternal Medicine Networks, which will enable women with acute and chronic conditions to have timely access to specialist advice and care at all stages of pregnancy.
- The continuation of the Maternity Incentive Scheme, which rewards services that meet 10 safety actions with a rebate on their CNST premium.
- A requirement, effective from this spring, that every trust with a maternity and neonatal service joins the National Maternal and Neonatal Health Safety Collaborative.

The Plan reiterates the aim that 20% of women will be offered continuity of carer throughout their pregnancy, during birth and postnatally this year, rising to most women by March 2021. Maternity services will now also be asked to target continuity towards women from BAME groups and those living in deprived areas, for whom continuity of carer is linked to significant improvements in clinical outcomes. In the section of the Plan on prevention and health inequalities (see below) this is presented as an aim that 75% of women from BAME communities and a similar percentage of women from the most deprived groups will receive continuity of care from their midwife.

The roll-out of digital maternity care records will be accelerated from 20,000 eligible women across 20 accelerator sites to 100,000 women by the end of 2019/20. There will also be an aim that, by 2023/24, all women will be able to access their maternity notes and information through their smart phones or other devices.

One of the headline announcements in the Plan is the pledge to spend at least £2.3bn a year more on mental health care and this will include action to improve access to and the quality of perinatal mental health care, via a raft of measures including:

- Increasing access to evidence-based care for women with moderate to severe perinatal mental health difficulties and a personality disorder diagnosis, to benefit an additional 24,000 women a year by 2023/24.
- Expanding access to evidence-based psychological therapies within specialist perinatal mental health services to include parent-infant, couple, co-parenting and family interventions.
- Offering fathers/partners of women who are accessing specialist perinatal mental health services and maternity outreach clinics, evidence-based assessment of their own mental health and signposting to support as required.
- Increasing access to evidence-based psychological support and therapy via Maternity outreach clinics, which will integrate maternity, reproductive health and psychological therapy for women experiencing mental health difficulties.



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Other maternity related aims or pledges in the Plan include:

- Improving access to postnatal physiotherapy services for women who require physiotherapy to recover from birth.
- Requiring all maternity services, if they have not already done so, to begin an accredited, evidence-based infant feeding programme, such as the UNICEF Baby Initiative, in 2019/20.
- Offering all pregnant women with type 1 diabetes continuous glucose monitoring thereby helping to improve neonatal outcomes.

Prevention and health inequalities

The Plan includes a lengthy section on commitments that the NHS itself will take to improve prevention. This is in the context of estimated extra costs to the NHS of £4.8bn a year arising from socioeconomic inequality. However it is also recognised that the NHS cannot be a substitute for the wider responsibilities of local government, particularly in relation to planning, education, housing, social care and economic development and for funding and commissioning preventive health services. Funding and availability of these services will be decided in the next Spending Review but the Government and the NHS will consider whether there is a stronger role for the NHS in commissioning sexual health services, health visitors and school nurses.

The prevention programme set out in the Plan is guided by the top five risk factors, according to the Global Burden of Disease, that cause premature deaths in England:

1. Smoking

Smoking still accounts for more years of life lost than any other modifiable risk factor. The Plan cites estimates that nearly a quarter of women in the UK smoke during pregnancy (although we think this overstates the prevalence of smoking during pregnancy). In terms of supporting more people to quit smoking, the NHS will adapt the Ottawa Model for Smoking Cessation for expectant mothers, and their partners, with a new smoke-free pregnancy pathway including focused sessions and treatments. All women who smoke during their pregnancy will be offered specialist smoking cessation support.

2. Obesity

Obesity rates in the UK are among some of the worst in Europe, but the burden of obesity isn't experienced equally across society. The NHS will therefore tailor access to weight management services in primary care for people with a diagnosis of type 2 diabetes or

hypertension and a BMI of 30+ where there is most likely to be a significant impact on improving health, reducing health inequalities and reducing costs.

Other measures will include:

- Doubling the NHS Diabetes Prevention Programme over the next five years.
- Requiring all NHS trusts to adhere to hospital food standards, including action to further reduce the sale of foods high in fat, salt and sugar.
- Increasing training in nutrition and weight management for frontline staff.

3. Alcohol

Over the next five years, hospitals with the highest rate of alcohol-related admissions will be supported to fully establish Alcohol Care Teams. It is estimated that this could prevent 50,000 admissions over five years.

4. Air pollution

The NHS will cut business mileages and fleet air pollutant admissions by 20% by 2023/24 through redesigned care and greater use of 'virtual' appointments.

5. Antimicrobial resistance

The NHS will continue to support implementation and delivery of the government's new five-year action plan on Antimicrobial Resistance.

Unlike previous Government documents, there is a welcome commitment in the Plan to tackle health inequalities through a concerted and systematic approach to reducing health inequalities and addressing unwarranted variation in care:

- NHS England will continue to target a higher share of funding towards geographies with high health inequalities, worth over £1bn by 2023/24.
- The NHS will set out specific, measurable goals for narrowing inequalities, including those relating to poverty. All local health systems will be expected to set out during 2019 how they will specifically reduce health inequalities by 2023/24 and 2028/29. CCGs will be expected to ensure that all screening and vaccination programmes are designed to support a narrowing of health inequalities.
- Targeted support to people with severe mental illnesses or learning disabilities (see below)
- An additional £30m will be invested to meet the needs of rough sleepers.
- More support for carers, particularly those from vulnerable communities, including having appropriate back-up support in place for when they need it.



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- There will be more investment in NHS specialist clinics to help more people with serious gambling problems.
- Further support and partnerships for charities, voluntary groups and community interest groups providing services and support to vulnerable and at-risk groups.

Neonatal care

In the wake of the national neonatal critical care review, which concluded last year, a number of important pledges are set out, including:

- Introducing more Neonatal Intensive Critical Care Cots, where under capacity has been identified.
- Improving triage within expert maternity and neonatal centres in order to ensure that the right level of care is available to babies as close to home as possible.
- Developing the expert neonatal nursing workforce, through increasing the number of neonatal nurses and expanding the role of some AHP staff in order to support neonatal nurses.
- Supporting families to become more involved in the care of their baby via the creation, from 2021/22, of care coordinator posts within each clinical neonatal network.

Children and young people's mental health services

Action to address mental health problems among children and young people has been prompted, in part, by the identification of concerning rates of mental distress particularly amongst late teenage girls. Accordingly, the Plan builds on previous commitments to expand mental health services for children and young people with a new commitment that funding for these 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/college based Mental Health Support Teams. The goal is to ensure that all children and young people who need specialist care can access it. Other measures include:

- Boosting investment in children and young people's eating disorder services.
- Increasing access to support for children and young people experiencing a mental health crisis.
- Embedding mental health support in schools and colleges.
- Creating a new service model for 0-25 year olds that will deliver an integrated approach across health, social care, education and the voluntary sector.

Other services for children and young people

This section of the report concludes with a range of aims and pledges for other services for children and young people, including:

- Action to tackle the causes of morbidity and preventable deaths in people with a learning disability and for autistic people, for example: an increase in the number of young people with learning disabilities who receive an annual health check; more information and awareness training for NHS staff; reduced waiting times for access to specialist services for children and young people with suspected autism and increased investment in intensive, crisis and forensic community support.
- Improved outcomes for children and young people with cancer through simplifying pathways and transitions between services and ensuring every patient has access to specialist expertise. This will include providing children and young people with access to a new generation of cancer therapies.
- Improving the quality of care for children with long-term conditions such as asthma, epilepsy and diabetes.
- Developing paediatric critical care and surgical services to ensure that children and young people can access high quality services as close to home as possible.

Improved care and outcomes for major health conditions

As expected much attention has focused on what the Plan proposes around care for major health conditions. Headline pledges and ambitions include:

- Improving cancer survival rates through, among other measures:
 - Increasing the proportion of cancers diagnosed at stages 1 and 2 from 50% of cancer patients now to 75% by 2028.
 - Implementing HPV primary screening for cervical cancer across England by 2020.
 - Introducing new faster diagnosis standards, so that from 2020 most patients receive a definitive diagnosis or ruling out of cancer within 28 days of referral.
 - Investing in more CT and MRI scanners.
 - Ensuring that by 2021, every person diagnosed with cancer to receive a full assessment of their needs, an individual care plan and information and support for their wider health and wellbeing.
- Preventing up to 150,000 heart attacks, strokes and dementia cases over the next 10 years and improving community first response rates, building more defibrillator



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networks and increasing the proportion of patients accessing cardiac rehabilitation services.

- Fully rolling-out post-hospital stroke rehabilitation models over the period of the Long Term Plan and delivering, by 2022, a ten-fold increase in the proportion of patients who receive a thrombectomy after a stroke.
- Targeting investment in improved treatment and support for those with respiratory disease, with an ambition to equal or better international counterparts.
- Aside from the commitments around perinatal mental health (see above), new commitments for adults with mental health problems will include offering access to talking therapies for 380,000 more adults and, by 2023/24, providing community based care for 370,000 people with severe mental illness every year.
- Allocating sufficient funding for the local NHS to grow the amount of planned surgery year-on-year, cut long waits and reduces the waiting list.

The final section of this chapter considers the importance of research and innovation to drive improved outcomes. Accordingly the Plan sets out the following aims and commitments:

- To increase the number of people registering to participate in health research to one million by 2023/24.
- From 2019 onwards, offering whole genome sequencing to children who are likely to have a rare genetic disorder, children with cancer and adults suffering from certain rare conditions or specific cancers.
- Speed up the innovations pipeline, expand NHS England 'test beds' and accelerate the uptake of innovations through a new Medtech funding mandate.

Digitally-enabled care

This section of the report focuses on the central role that technology will play in the Long Term Plan whether this is through clinicians better utilising the full range of their skills, reducing bureaucracy, stimulating research or enabling service transformation.

With regards maternity services, the key pledge is to enable 100,000 women to be able to access their maternity record digitally from 2019/20, with expansion to the whole of England by 2023/24. There is also a helpful commitment to support the NHS workforce to develop the digital skills they need to make effective use of digital tools and mobile access to enable more flexible working. There is also a commitment to enhancing digital leadership of the NHS, which may provide an opportunity for midwives to assume more of a leading role, with the assistance of NHS Digital. The overall goal is that by 2024 all



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secondary care providers in England will be fully digitised, including clinical and operational processes across all settings.

The NHS workforce

The section of the report on the NHS workforce recognises that the Long Term Plan will only work if there is more staff, working in rewarding jobs and within a more supportive culture. Unfortunately, the comprehensive workforce implementation plan has yet to be published and the Plan is vague about when this will appear. In the absence of the workforce plan it is difficult to gauge the extent to which the actions contained in the report will be supported by workforce planning and proper recruitment and retention strategies. Nevertheless there are some welcome proposals and pledges within this section, including:

- The establishment by NHS England, HEE and NHS Improvement of a national workforce group to ensure the rapid implementation of workforce actions.
- The establishment of the post of Chief Midwifery Officer who will sit on the national workforce group alongside representatives from staff side organisations, the Social Partnership Forum, Royal Colleges and health think tanks.
- Action to expand the supply of nurses, midwives, AHPs and other staff; it is unclear how this will be done for midwifery and AHPs but for nursing this will be through increasing the number of nursing undergraduate degrees, reducing attrition from training and improving retention, with the aim of improving the nursing vacancy rate.
- Funding an additional 5,000 nurse undergraduate places from 2019/20 with funding from 2020/21 for as many places as universities fill (up to a 50% increase in places).
- A five-year job guarantee for every nurse or midwife graduating, in the region where they qualify.
- The development of a new online nursing degree, linked to guaranteed placements with NHS trusts and primary care, with the aim of widening participation.
- Funding to support mature students accessing undergraduate degrees in mental health or learning disability nursing.
- Continued investment in nursing apprenticeships, with 7,500 new nursing associates starting in 2019. The NHS will seek to grow wider apprenticeships in clinical and non-clinical jobs in the NHS.
- Exploring options for a further expansion of medical school places, beyond the current planned increase from 6,000 to 7,500 places per year and reforming medical education and training to develop more generalist skills.



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- Offering a two year fellowship for newly qualified doctors and nurses to enter general practice and commitment to the provision of a new state-backed GP indemnity scheme from April 2019.
- Extending support from NHS Improvement's Retention Collaborative to all NHS employers with the aim of improving staff retention by at least 2% by 2025.
- Increasing the proportion of HEE's budget spent on workforce development.
- Promoting a modern employment culture – promoting flexibility, wellbeing and career development and addressing discrimination, violence, bullying and harassment. There will be additional funding for programmes to reduce violence, bullying and harassment of staff (up to £2m a year) and to extend the work of the Workforce Race Equality Standard to 2025.

Funding the Long Term Plan

The penultimate section of the report describes how the new funding settlement of an extra £20.5m a year by 2023/24 will help deliver the Plan and return the NHS to a sustainable financial path. The latter goal will require five tests to be met:

1. Returning the NHS to financial balance, with an expectation that budgets will be balanced and that there will be year-on-year reductions in aggregate debt and the number of trusts and CCGs in deficit.
2. Achieving cash releasing productivity growth of at least 1.1% per year through measures, such as: reducing spend on bank and agency staff; improving efficiencies in community health services, mental health and primary care and reducing or eliminating interventions that aren't clinically effective.
3. Reducing the growth in demand for care through better integration and prevention.
4. Reduce unjustified variation in performance
5. Better utilisation of capital investment and existing assets

Next steps

The Long Term Plan concludes with a brief summary of what happens next. Key milestones will include:

- Asking local health systems to produce local plans for implementing the commitments in the Long Term Plan, when they receive their financial allocations for 2019/20 to 2023/24.



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- Establishing an NHS Assembly in early 2019, which will advise the boards of NHS England and NHS Improvement in implementing the Plan. Membership of the Assembly will be drawn from national clinical, patient and staff organisations
- Establishing Integrated Care Systems across England by April 2021. The establishment of ICSs will be supported by strong and effective providers and commissioners, underpinned by clear accountabilities with organisations supported to take on greater collaborative responsibilities
- NHS England and NHS Improvement implementing a shared operating model to support long-term delivery of the Plan
- New regional structures to play a key role in locally devolved initiatives.

The final chapter also includes an interesting section which identifies possible areas for legislative change that the NHS may wish to recommend in order to support more rapid progress in implementing the Plan. Among possible changes suggested would be legislation to remove impediments to 'placed-based' commissioning, making it easier for NHS England and NHS Improvement to work more closely and "removing the counter-productive effect that general competition rules and powers can have on the integration of NHS care". This latter idea is particularly significant because it implies that the Government could scrap the competition rules set out in the Health and Social Care Act 2012. The RCM has always opposed those sections of the Act because we believed that they had the potential to promote the fragmentation of maternity and ran counter to the ethos of collaboration and partnership that we believe is core to the successful operation of maternity services.

RCM reaction

The RCM has given a qualified welcome to the Long Term Plan. We are encouraged to see that maternity care has been placed front and centre in the Plan (although we would have liked to see it included as part of a section on women's health rather than placed within the section on children and young people's care). There are some very good, sensible and ambitious proposals within the Plan and we have particularly welcomed the commitments to improve prevention services, reduce health inequalities, renew and build on the commitments within the Maternity Transformation Plan as well as the new five-year jobs guarantee for newly qualified midwives.

The announcement of the new post of Chief Midwifery Officer is timely as implementing the Plan will depend on good leadership, in midwifery and other professions.

We do have a number of caveats about the Plan. Firstly whilst the scale and ambition of many of the aims and pledges is laudable, there is far more in the Plan about what needs



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to happen and a lot less on how these changes will actually be implemented. The absence of the long-awaited Green Paper on Social Care leaves open important questions about how the commitments around prevention and tackling inequalities in the Plan can be squared with continuing cuts to local authority public health budgets. Similarly, the absence of a comprehensive workforce implementation plan is a major flaw and makes it hard to judge just how realistic some of the commitments are, when we don't know how these will be supported by strategic workforce planning.

Getting funding right will be absolutely essential if we are to achieve progress in implementing key elements of the Plan as they related to maternity care. For example, we will be asking the Government about commitments to increased funding for postnatal care given that this is an area that has been historically underfunded. Similarly we will be making the case that implementation of prevention measures, such as smoking cessation, need to be supported by employing more specialist midwives with a public health role who can then develop smoking cessation services.

It will also be important to ensure that we have the right number of midwives and maternity support workers in place to support these ambitious changes. We welcomed last year's commitment to increase midwifery training numbers by 3,000 over the next four years. We now need to see evidence that the Government will make good on this pledge.

What will now be important is to understand and visualise how the elements of the Plan that relate to maternity services translate into the experience of women, babies and their families.

Overall we believe the Plan is an important step forward, but there is much to do if it is to become a reality. We are looking forward to working with the Government and the NHS to make it happen.