The NHS Long Term Plan

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How the NHS Long Term Plan was developed

Working groups – made up of local and national NHS and local government leaders, clinical experts and representatives from patient groups and charities – were formed to focus on specific areas where the NHS could improve over the next ten years.

They then engaged extensively with stakeholders to come up with and test practical ideas which could be included in a plan.

Over Autumn, working group members organised or attended over 200 events to hear a wide range of different views, and received over 2,500 submissions from individuals and groups representing the opinions and interests of 3.5 million people.
Emphasis on health inequalities

Previously 11 Outcome Framework indicators, legal and contractual requirements around inequalities;

NHS England Board looked for more ‘intentional’ approach over 2018. Board papers in March and May 2018. Support from Empowering People and Communities Taskforce;

Long-Term Plan:
• ‘For reasons both of fairness and overall outcomes improvement the LTP takes a more concerted and systematic approach to reducing health inequalities.’

• ‘The NHS will set out specific, measurable goals for narrowing inequalities.’
Funding

NHS England has committed to ensuring a higher share of funding goes towards geographies with high health inequalities. This funding is estimated to be worth over £1 billion by 2023/24.

New technical adjustment for extreme inequalities will benefit areas including:

- NHS Fylde and Wyre CCG +17%
- NHS Blackpool CCG +8%
- NHS Hammersmith and Fulham CCG +7%
- NHS Brent CCG + 7%
- NHS Bradford City CCG +5%

Review of allocation formula by Advisory Commission on Resource Allocation.
Structure

More than a chapter.

Strong focus in LTP on areas where healthcare intervention can make the biggest difference:

• In prevention - smoking, alcohol and obesity (each a top five risk factor for premature deaths);

• Clinically - on cancer, stroke and heart disease (representing 50% of health inequality gap);

• Multiple morbidities - through investment in personalisation, across all programmes.
Programmes

Health inequalities to be ‘central to everything we do’.

Goals designed to incorporate strong focus on health inequality, eg. for cancer.

Five Year Forward View:
• 10% increase in patients diagnosed early with cancer, equivalent to 8,000 more living longer than 5 years after diagnosis;

Long-Term Plan;
• Three quarters of patients to be diagnosed with cancer at Stage 1 or 2.
Some specific commitments

Targeted commitments include:

• 75% of women from BAME communities and similar percentage from most deprived groups will receive continuity of care from midwife.

• 390,000 physical health checks a year for people with severe mental health problems;

• Improving access to mental health support for rough sleepers, as part of that wider government strategy;

• Expanded service for people with serious gambling problems;

• Back-up support for 100,000 carers and tailored GP support for 20,000 young carers;

• Hosting LGBT Adviser to deliver commitments in LGBT Action Plan.
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. It will be for local health systems to determine how this funding can best support the reduction of health inequalities;

These local plans will also, for the first time, clearly set out how those Clinical Commissioning Groups benefiting from the health inequalities adjustment are targeting that funding to improve the equity of access and outcomes, ensuring improvements in patient outcomes and through the development of a diverse workforce targeting deprived areas.
Anchor Institutions

• 24% of employment in places like Blackpool and Middlesbrough relates to health and care sector.

• Some good case studies but little evidence at scale. Need for more action learning;

• Commitments to diversify volunteer base and to create more routes into work experience and workplace;

• Lots of terms being used for this – social value, sustainable development, health gain, social benefit, anchor institutions. What are the core measures?
Support

- Right Care Health Inequality packs published December 2018

- Menu of evidence-based interventions;

- Delivery support through Integrated Care Systems/ STPs; Cancer Alliances; Primary Care Networks; CCGs.

- Stronger alignment at national level;

- Key partnerships, eg. Local Government, Public Health, Health & Wellbeing Alliance, wider VCSE sector.
What happens next

Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) now need to develop and implement their own strategies for the next five years.

These strategies will set out how they intend to take the ambitions that the NHS Long Term Plan details, and work together to turn them into local action to improve services and the health and wellbeing of the communities they serve – building on the work they have already been doing.
What this means for staff, patients and the public

This means that over the next few months, staff, patients and the public will have the opportunity to help shape what the NHS Long Term Plan means for their area, and how the services they use or work in need to change and improve over the next few years.

Local Healthwatch groups will receive national funding to support NHS teams in ensuring that the views of patients and the public are heard, and Age UK will be leading work across a range of other charities to provide specific opportunities to hear from people with specific health needs.
Find out more

The NHS Long Term Plan, along with accompanying resources, case studies and videos, is available online at www.longtermplan.nhs.uk.

And over the coming months, local NHS organisations and their partners will be sharing details of what the NHS Long Term Plan could mean in their area.