

The NHS Long Term Plan

Briefing for the Children and Young People's Sector

This briefing summarises the changes proposed by the [NHS Long Term Plan](#), with a particular focus on commitments most relevant to children and young people. It is structured as follows

- [Overarching changes](#) – sets out the overall direction of NHS reform as it affects all service users (pp2-5)
- [Commitments relating specifically to children and young people](#) (pp6-7)
- [Commitments in other relevant areas](#) – sets out specific commitments in other areas of relevance to the sector including maternity services, support for carers and vulnerable families, public health and health inequalities (pp8-10)

Paragraph references are given in brackets so you can look up the detail of the passages most relevant to you in the Plan itself.



National Children's
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Overarching changes

The long term plan sets out **changes to the way in which NHS services are planned, delivered held to account**. These changes consolidate various trials and pilots carried out since the publication of the five year forward view in 2014. These apply to all NHS services, not just those relating to children, but ensuring these changes deliver for children will be a key concern for the sector.

Roll out of Integrated Care Systems

Sustainability and Transformation Partnerships across the country have been working towards establishing Integrated Care Systems. The NHS England website explains that:

“In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.”¹

ICs are made up of NHS acute, community and mental health provider trusts, CCGs, GP federations, Ambulance Trusts, local authorities and independent providers. The Plan proposes that all **44 ICSs, covering the whole country, will be established by 2021**. (1.51)

Since the enactment of the Health and Social Care act in 2012, Clinical Commissioning Groups have been the main local commissioners of NHS services. At April 2018, there were 195 CCGs. The plan states that the expectation is that there will eventually be a **single CCG for each ICS**, representing a significant reduction in the current number of CCGs.

Currently many CCGs cover the same geographical area as a corresponding local authority. Despite STPs (and by extension the ICSs they will establish) covering much larger areas than current CCGs, some still cross over local authority boundaries. Surrey County Council, for example is split across three STPs, as is Essex County Council. Several more local authorities are split across at least two STPs.

Decision making and accountability

The plan explains that funding flows and contract reform will support the move to ICSs (1.54) as will **changes in the way CQC and NHS Improvement inspect and support services** (1.52). A new **ICS and accountability performance framework** is proposed to provide a consistent and comparable set of performance measures (1.55). ICSs will agree system-wide objectives with their NHS regional directors and be accountable for their performance against these objectives (1.56.) It could be said that it is these funding, contractual and accountability changes that will make ICS 'real' in the first instance rather than any imminent legislative changes (but see section on this below).

Local health systems will receive five-year indicative financial allocations for 2019/20 to 2023/24 and will be asked to produce **local plans in 2019** for implementing the commitments set out in the Long Term Plan. (7.3) As part of a new shared operating model, NHS England and NHS Improvement will develop **shared regional teams**. (7.7)

NHS organisations will be expected and support to take on more '**collaborative responsibility**' as ICS structures become more embedded. (7.9, 7.10)

The plan states that “we will continue to support local approaches to **blending health and social care budgets** where councils and CCGs agree this makes sense”, listing a range of

¹ <https://www.england.nhs.uk/integratedcare/integrated-care-systems/>

optional arrangements for making this happen. It reports that a Government review into the better care fund will conclude in early 2019.

There will also be changes to funding and accountability for primary and community care (see *Primary Care Networks*, below)

An **NHS Assembly** will be established in early 2019 to advise the NHS on implementation of the Long Term Plan. Its members will be drawn from, among others, national clinical, patient and staff organisations; the Voluntary, Community and Social Enterprise (VCSE) sector; the NHS Arm's Length Bodies (ALBs); and frontline leaders from ICSs, STPs, trusts, CCGs and local authorities.

Primary Care Networks

The Long Term Plan puts primary care networks at the centre of the new ICS structures (1.9-.11). These will be **groups of GP practices and a range of community services** typically covering populations of 30-50,000 people. They will draw on learning from the integrated care 'Vanguards' and receive up to £4.5 billion extra investment to pay for multidisciplinary neighbourhood teams. In justifying these major changes, the long term plan makes specific reference to declining satisfaction with access to primary care services amongst 16-25 year olds. (1.5)

The networks will host **neighbourhood teams** comprising "a range of staff such as GPs, pharmacists, district nurses, community geriatricians, dementia workers and AHPs such as physiotherapists and podiatrists/chiropractors, joined by social care and the voluntary sector." As well as an increased number of social prescribing link workers (1.40)

The primary care networks will be established through GP contracts and, as part of this, there will be **significant changes to the GP Quality and Outcomes Framework (QOF)**.(1.11) The new network contracts will also incorporate enhanced services currently commissioned by CCGs and there will be incentives for avoiding hospital admissions, over-medication and delayed discharge through a 'shared savings scheme'. (1.12) **[*Update: The agreement of a new five-year GP contract framework was announced on 31 January 2019*](#)**

Changes to how care is delivered

The long term plan also points to tangible changes in how people will access NHS Care in the future. For instance it is suggested that there will be

- More **telephone or online** GP consultations, with a right for patients across the country to choose this option (1.44)
- Fewer face to face outpatient visits as a result of more digital appointments and better support for GPs (1.48)
- More **social prescribing** (where people are referred to voluntary support groups and activities) through the recruitment of over 1,000 trained link workers by the end of 2020/21 and an aim of 900,000 referrals by 2023/24 (1.40)
- **Urgent Treatment Centres** in all parts of the county by Autumn 2020 (1.26)
- A higher proportion of emergency admissions discharged on the same day (rather than staying in hospital overnight) (1.30)
- Support for **personalised care** through staff training and further roll out of the NHS personalised care model to reach 2.5 million people by 2023/24 (1.37, 139) **[*Update: Details of the personalised care model were published on 31 January 2019 in Universal Personalised Care: Implementing the comprehensive model*](#)**
- A "ramping up" of **support for people to manage their own health** including diabetes prevention and management, asthma and respiratory conditions, maternity and parenting support, and online therapies for common mental health problems.

Chapter 5 of the Plan sets out the role that **technology** will play in implementing these reforms, largely repeating commitments made elsewhere in the plan.

Workforce

The Plan acknowledges that more staff will be needed in the NHS, but points out that **funding for education, training and continuing professional development is yet to be decided by government**. (4.3, 4.10) A **Workforce Implementation Plan** is to be published later in 2019, and a national workforce group will be established to take this forward. (4.10) It is suggested that the NHS will want to prioritise:

- Reducing geographical and speciality imbalances amongst doctors (4.9)
- Ensuring sufficient supply of nurses (4.9)
- Address specific shortages Allied Health Professionals and other key groups (4.9, 4.10). Including developing recommendations to **reduce shortages of speech and language therapists** and other specific roles (4.20)
- Shift from the dominances of specialist roles amongst doctors to more generalist ones, in particular **growing the number of GPs** (4.24)

The Plan also sets out the NHS's intention to:

- Appoint its first ever **Chief Midwifery Officer**
- Improve access **to nursing degrees** including through and online course, Increase the number of NHS **apprenticeships** in clinical and non-clinical roles and increase the number of clinical **placements** available in line with uptake of relevant degrees (4.23-4.29)
- Offer two year employment contracts (or '**fellowships**') to newly qualified doctors and nurses entering general practice (4.27)
- Provide support in relation to **international recruitment** (4.30-4.34)
- Improve **retention** of NHS staff by improving development opportunities, support, respect, equality and diversity amongst the workforce (4.35-4.46)
- Enabling more productive working through use of **technology** (4.47-4.49)
- Take a range of actions in relation to **leadership and talent management** (4.50-4.53)
- Double the number of **NHS volunteers** over the next 3 years, including a focus on **opportunities for younger volunteers**, deprived areas and those with mental health issues, learning disabilities and autism. (4.54)

Proposals for legislative change

The Plan argues that the Acts of Parliament that currently govern the NHS give primacy to decisions made by autonomous institutions, whereas the success of the Plan depends on "collective endeavour". It sets out proposals to legislate to:

- Give CCGs and NHS providers shared new duties to promote the 'triple aim' of better health for everyone, better care for all patients, and sustainability, both for their local NHS system and for the wider NHS
- Remove specific impediments to 'place-based' NHS commissioning
- Support the more effective running of ICSs
- Support the creation of NHS integrated care trusts
- Remove the counterproductive effect that general competition rules and powers can have on the integration of NHS care
- Increase flexibility in the NHS pricing regime
- Make it easier for NHS England and NHS Improvement to work more closely together. (7.13)

Commitments relating specifically to children and young people

Chapter three of the long term plan includes a dedicated 10-page section on “**A strong start in life for children and young people**”. This part of the briefing highlights the key points in this subsection, so all proposals described relate explicitly to children and young people, unless otherwise specified.

Children and Young People's Transformation Programme

The Children and Young People's Transformation Programme will oversee the delivery of the children and young people's commitments in the Plan (3.42). It is suggested that, in addition to specific commitments outline below, this programme will focus on the roll out of clinical networks for asthma, epilepsy and diabetes, improving access to paediatric critical and surgical care and ensuring wider NHS reforms improve outcomes for children (3.44-3.46). The Long Term Plan provides limited commentary on how NHS England envisages the future relationship between the new structures outlined in the Plan and local authority children's services and the education system.

0-25 services

The Plan states that the NHS will be moving towards a '0-25 years' offer for certain services (3.47). By 2028, the Plan states that the NHS will have moved 'selectively' towards a 0-25 system and moved away from an arbitrary transition to adult services based on age not need.

Mental health

The Plan includes notable focus on mental health in general, and children and young people's mental health in particular. Key commitments from the 2017 Green Paper are repeated, but there is **no commitment to further rollout of mental health support teams** beyond the fifth to a quarter of the country already planned.(3.28) There is a commitment, however, to ensure that **funding for children and young people's mental health services will grow faster** than both overall NHS funding and total mental health spending. (3.24)

Commitments include:

- All children experiencing all children and young people experiencing crisis will be able to access **crisis care** 24 hours a day, seven days a week through NHS 111. (3.27)
– This is part of an all-age commitment based on the 'core-24' standard (3.98).
- Development of **complex trauma** mental health services for children in selected areas (3.29)
- Extending current service models to create a **comprehensive offer for 0-25** year olds that delivers an integrated approach across health, social care, education and the voluntary sector, such as the evidenced-based 'iThrive' operating model. (3.30)

Learning disability and autism

The Plan sets out a number of positive initiatives to improve the responsiveness of the NHS to the needs of people with learning disability and autism. This includes:

- By 2023/24, providing **keyworkers** for children and young people with a learning disability, autism or both with the most complex needs, starting with those who are inpatients or at risk of being admitted to hospital. Keyworker support will also be extended to the most vulnerable children with a learning disability and/or autism, including those who face multiple vulnerabilities such as looked after and adopted children, and children and young people in transition between services. 3.33
- Developing packages to support children with autism or other neurodevelopmental disorders including attention deficit hyperactivity disorder (ADHD) and their families, throughout the **diagnostic process**. (3.33)
- Piloting the introduction of a specific **health check for people with autism**, and if successful, extend it more widely as well as improving uptake of the existing annual health check in primary care for people aged over 14.
- Investing in **eyesight, hearing and dental services** (2.31) including checks for those in specialist residential placements (3.32)
- expanding the Stopping **over medication** of people with a learning disability autism or both and Supporting Treatment and Appropriate Medication in Paediatrics (STOMP-STAMP) programmes
- continuing to fund the **Learning Disabilities Mortality Review** Programme (LeDeR)
- Continuing to work with partners to develop **specialist community teams** for children and young people, such as the Ealing Model (3.35)
- working with the CQC to implement recommendations on restricting the use of **seclusion, long-term segregation and restraint** for all patients in inpatient settings and ensuring that by 2023/24, all care commissioned by the NHS meets the **Learning Disability Improvement Standards**.3.36.
- reviewing with a view to strengthening the existing **Care, Education and Treatment Review (CETR) and Care and Treatment Review (CTR)** policies, to assess their effectiveness in preventing and supporting discharge planning

It proclaims an expectation that, by March 2023/24, inpatient provision will have reduced to less than half of 2015 levels. However no plan for funding in the next five years has been announced and the current transforming care programme is due to end in March this year.

Cancer

The plan also includes a package of measures for improving care, treatment and prevention of cancer in children, consisting of:

- From 2019, an offer to all children with cancer of **whole genome sequencing** to enable more comprehensive and precise diagnosis, and access to more personalised treatment offer all children with cancer. (3.38)
- Support for children and young people to take part in **clinical trials**, so that participation among children remains high, and among teenagers and young adults rises to 50% by 2025. (3.39)
- From September 2019, **vaccination** of all boys aged 12 and 13 against HPV-related diseases, such as oral, throat and anal cancer. (3.40)
- An increased contribution for NHS England to the **children's hospice grant** programme by match-funding clinical commissioning groups (CCGs) who commit to increase their investment, up to a combined total of £25 million a year by 2023/24. (3.41)

Clinical networks for long term conditions

The Plan states that from 2019/20 clinical networks will be rolled out to help improve the quality of care for children with long-term conditions such as asthma, epilepsy and diabetes.

The networks will share the best clinical practice, supporting the integration of paediatric skills across services and bespoke quality improvement projects.

Paediatric Critical Care

Plans are set out for improving paediatric critical care and surgical services over the next five years so that children and young people can access these services. This includes using paediatric networks, which will involve hospitals, NHS staff and patients and their families, to coordinate the approach to critical care and surgical services.

Commitments in other relevant areas

Public health

The plan stresses that the roll out of integrated care systems “will provide stronger foundations for working with local government and voluntary sector partners on the broader agenda of prevention and health inequalities”. (2.4) It sets out a number of commitments on preventative interventions, indicating an intention for the NHS to be more actively involved in public health services. (2.3) Most notably, the plan states that “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**, and what best future commissioning arrangements might therefore be. (2.6) This indicates an intention to reverse in practice, if not in legislation, the part of the Health and Social Care Act 2012 which gave local authorities responsibility for these services.

Proposals and commitments on particular issues include:

- Prioritising improvements in childhood **immunisation** to reach at least the base level standards in the NHS public health function agreement. (3.43)
- On **smoking**, by 2023/24 offering all people admitted to hospital who smoke NHS-funded tobacco treatment services (based on a model implemented in Canada and Manchester). (2.9) This model will also be adapted for expectant mothers, and their partners, with a new **smoke-free pregnancy pathway** including focused sessions and treatments. (2.10) A new universal smoking cessation offer will also be available as part of specialist mental health services for long-term users of specialist mental health, and in learning disability services. (2.11/2.29)
- On **obesity** the plan states “The NHS will therefore 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+ (adjusted appropriately for ethnicity), where we know we can have a significant impact on improving health, reducing health inequalities and reducing costs. By 2022/23, we also expect to treat up to a further 1,000 children a year for severe complications related to their obesity, such as diabetes, cardiovascular conditions, sleep apnoea and poor mental health. These services will prevent children needing more invasive treatment.”(2.14) It is unclear if the **primary care weight management services** will be offered to children on this is a commitment to increase capacity **of specialist services for children with severe complications**. There will also be a doubling of the NHS **Diabetes Prevention Programme** over the next five years, including a new digital option 2.15 A pilot for very low calorie diets for obese people with type 2 diabetes.2.17 and a greater emphasis on nutrition in **professional’s education and training** (2.19)

Health inequalities

Supporting the targeting and funding of some the actions on public health set out above, the plan also commits the NHS to a strengthened approach to tackling health inequalities.

From April 2019 a more accurate assessment of need for community health and mental health services will be used, and there will be a further review of **the inequalities adjustment to funding** formulae. (2.25)

The NHS will set out specific, measurable **national goals** for narrowing inequalities, including those relating to poverty and will publish a 'menu' of evidence-based interventions to support local decisions. All local health systems will also be expected to set out **local plans** in 2019 for how they will specifically reduce health inequalities by 2023/24 and 2028/29, including how health inequalities funding is being used. (2.26)

The plan also includes commitments to:

- Make increasing use of the **voluntary and community sector** in order to provide services that mainstream services struggle to reach. (2.37)
- Target access to **continuity of midwife care** so that by 2024, 75% of women from BAME communities and a similar percentage of women from the most deprived groups will receive this. (2.28)
- Review GP **vaccinations and immunisation** standards, funding, and procurement to improve uptake amongst groups in areas where this is currently low. (1.11)

Maternity services

The plan sets out an aim to achieve 50% reductions in stillbirth, maternal mortality, neonatal mortality and serious brain injury by 2025. Commitments to contribute to this include:

- Rolling out the **saving babies lives care bundle (SBLCB)** across all maternity services in 2019, and an expanded SBLCB focusing on preventing pre-term birth in 2020 (3.30, 3.11)
- By March 2021, most women receiving **continuity of the person caring for them** during pregnancy, during birth and postnatally (3.13)
- Expanding the roll-out of maternity **digital care records** so that 2023/24, all women will be able to access their maternity notes and information through their smart phones or other devices (3.15)
- Improving access to **postnatal physiotherapy** (3.17)
- All trusts who have not already done so beginning the accreditation process in 2019/20 for **evidence-based infant feeding programmes**, such as the UNICEF Baby Friendly Initiative
- A redesign and expansion **neonatal critical care** services to improve the safety and effectiveness of services and experience of families. Including development of the neonatal nursing workforce and, from 2020/21 providing care co-ordinators for families (3.19 - 3.21)

There are also a number of commitments on **perinatal mental health** including:

- Increasing access to evidence-based care for women with moderate to severe perinatal mental health difficulties or a personality disorder diagnosis to benefit an **additional 24,000 women per year by 2023/24**, in addition to the (previously announced) extra 30,000 women getting specialist help by 2020/21
- Expanding the scope of specialist perinatal mental health services so that they are available from preconception **to 24 months** after birth (care is currently provided from preconception to 12 months after birth)
- Expanding access to evidence-based psychological therapies within specialist perinatal mental health services so that they also include **parent-infant, couple, co-parenting and family interventions**
- Offering mental health assessment and **signposting for fathers/partners** of women accessing mental health support evidence-based assessment for their mental health and signposting to support as required
- Increasing access to **psychological support in maternity settings**. (3.16)

Support for carers and vulnerable families

The plan commits to the roll out 'top tips' for general practice which have been developed by Young Carers, covering access to preventive health and social prescribing, and timely referral to local support services. It is intended that 20,000 Young Carers will benefit from this more proactive approach by 2023/24. 2.35. There are also a number of commitments for adult carers, however, it is unclear the extent to which these will be targeted at parent carers:

- The development of **Quality marks for carer-friendly GP practices**, developed with the Care Quality Commission (CQC), will help carers identify GP services that can accommodate their needs
- Encouraging the national adoption of **carer's passports**, which identify someone as a carer and enable staff to involve them in a patient's care, and set out guidelines for their use based on trials in Manchester and Bristol
- Further development of **electronic health records** to allow people to share their caring status with healthcare professionals wherever they present (2.33)
- Up to 100,000 carers will be benefiting from contingency planning conversations and have their plans included in Summary Care Records (2.34)

There are also commitments on better support in end of life care and for those affected by alcohol dependence and gambling, which will be of note to those supporting families experiencing these challenges. Specifically:

- The introduction of proactive and **personalised care planning for those in their last year of life**, enabled by the rolling out training to help staff identify and support relevant patients (1.42)
- A range of commitments on **adult mental health services** including:
 - Continuing with Improving Access to Psychological Therapies so that an additional 380,000 adults can access these services by 2023/24 (3.91)
 - Waiting time targets for emergency mental health care from 2020 and the piloting of four week waiting time standards for adult mental health care. (3.100, 3.92)
 - New integrated models of care for those with severe mental illness (3.94)
 - All-age mental health liaison service in all A&Es by 2020/21 and 70% of these meeting the core 24 standard by 2023/24 (3.98)
 - Improving the physical environment of inpatient services and ending out of area placements (3.102)
 - Providing full coverage across the country of the existing suicide prevention programme (3.105)
 - Putting in place suicide bereavement support for families and staff working in mental health crisis services in every area of the country, building on the model used in Cambridge and Peterborough's crisis pathway (3.106)
- Hospitals with the highest rate of alcohol dependence-related admissions will be supported to fully establish **Alcohol Care Teams** (2.20)
- There is also a commitment to invest in expanding NHS specialist clinics to help more people with serious **gambling** problems.(2.36)