

The NHS Long Term Plan in England

RCPsych Briefing

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1. Introduction

This briefing summarises the NHS Long Term Plan for England and considers the implications for mental health, the psychiatric profession and important next steps for its implementation.

Context

In June, the Prime Minister asked the NHS to produce a long-term plan to improve access, care and outcomes for patients, in return for a five-year funding settlement. This amounted to £20.5bn, an average 3.4% uplift on NHS England's current total budget. NHS England set up working groups comprising local and national NHS and local government leaders, clinical experts and patient/voluntary sector representatives – RCPsych has been involved throughout the process of developing the plan. In January 2019, NHS England published its Long Term Plan, setting out a ten-year vision for health services in England.

This plan comes four years on from the Five Year Forward View and three years on from the connected Five Year Forward View for Mental Health. A lot of its content builds on these existing recommendations as well as other mental health policies, such as those contained within the recent review of the Mental Health Act 1983 and the Children and Young People's Green Paper.

RCPsych's role

As part of RCPsych's direct engagement with the production of the Long Term Plan, we submitted our vision, developed with input from across the College, including all faculties, for the expansion of mental health services over the next five-ten years. In [our submission](#) we called on NHS England (NHSE), working with the Department of Health and Social Care (DHSC), other relevant government departments and ALBs, and relevant organisations to:

- Commit to the biggest expansion in access to mental health services across Europe, empowering the disempowered with a much-needed focus on tackling inequalities, fit for a modern NHS.
- Enable the NHS to become the safest, most effective, and transparent health system in the world with mental health trusts leading the way.
- Empower mental health leaders to develop the healthcare services of the future through Integrated Care Systems (ICS) and Providers (ICP).
- Build a strong and resilient mental health workforce with 70,348 more staff on the ground by 2028/29 (excluding Mental Health Support Teams), of which 4,218 will be psychiatrists.
- Invest an additional £6.198bn (£5.677bn revenue and £521m capital) in mental health services between 2019/20 – 2023/24 and a further £7.456bn (£6.520bn revenue and £936m capital) between 2024/25 – 2028/29.

Vision of the Long Term Plan

The Long Term Plan pledges the NHS will increasingly be:

- **more joined-up and coordinated in its care.** Breaking down traditional barriers between care institutions, teams and funding streams to support the increasing number of people with long-term health conditions
- **more proactive in the services it provides.** Supplementing medical contact with the move to 'population health management', using predictive prevention (linked to new opportunities for tailored screening, case finding and early diagnosis) to better support people to stay healthy and avoid illness complications;
- **more differentiated in its support offer to individuals.** The NHS will seek wider collective action on health determinants while also recognising that different individuals will benefit differently from tailored prevention. There is a recognition that a one-size-fits-all statutory services have often failed to engage with the people most in need, leading to inequalities in access and outcome.

Key messages on mental health

1. Increased funding for mental health and forthcoming capital investment

Mental health will receive a growing share of the NHS budget, worth at least a further £2.3 billion a year by 2023/24 in real terms and is expected to receive capital investment from the forthcoming Spending Review.

2. Waiting times

A pledge to introduce waiting times in:

- Children and young people mental health services
- Children and young people's eating disorder services
- Emergency mental health services
- Adult and older adult community mental health teams.

3. Faster growth in funding for children and young people's mental health services

Funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending. Over the coming decade the goal is to ensure that 100% of children and young people who need specialist care can access it.

4. Increased access to perinatal services

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 per year by 2023/24, in addition to the extra 30,000 women getting specialist help by 2020/21.

5. Expansion of IAPT services

By 2023/24, an additional 380,000 adults and older adults will be able to access NICE-approved IAPT services.

6. Emergency services

By 2020/21, all acute hospital will have an all-age mental health liaison service in A&E departments and inpatient wards by 2020/21, and at least 50% of these services meet the 'core 24' service standard as a minimum. By 2023/24, 70% of these liaison services will meet the 'core 24' service standard, working towards 100% coverage thereafter.

2. Funding commitments

The Long Term Plan commits to increase investment in mental health services faster than the NHS budget overall for each of the next five years. This means mental health will receive a growing share of the NHS budget, worth in real terms at least a further £2.3 billion a year by 2023/24. There is a pledge to translate this to additional funding for frontline services, including locally agreed spending and delivery plans signed-off by commissioners and providers.

NHS England have also pledged that funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending.

As a condition of receiving Long Term Plan funding, all major national programmes and every local area across England will be required to set out specific measurable goals and mechanisms by which they will contribute to narrowing health inequalities over the next five and ten years. To measure the implementation of this, from April 2019 there will be 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.

3. Prevention and public health

Smoking cessation

A new universal smoking cessation offer will be available as part of specialist mental health services for long-term users of specialist mental health, and in learning disability services. This will include the option to switch to e-cigarettes while in inpatient settings.

Up to 200,000 people will benefit from a personal health budget by 2023/24. This will also be expanded to people in contact with mental health services, for people with a learning disability, people receiving social care support and those receiving specialist end of life care.

Physical health of those with mental illness

The Long Term Plan sets out how NHSE plans to tackle the fact that people with mental illness have significantly worse physical health than the rest of the population. By 2020/21, at least 280,000 people living with severe mental health problems will have their physical health needs met. By 2023/24, the number of people receiving physical health checks will be available to an additional 110,000 people per year, bringing the total to 390,000 checks delivered each year.

Suicide prevention

Full coverage across the country of the existing suicide reduction programme and a pledge to design a new Mental Health Safety Improvement Programme, which will have a focus on suicide prevention and reduction for mental health inpatients.

Rough sleeping

A pledge to invest up to £30 million extra on meeting the needs of rough sleepers, to ensure that the parts of England most affected by rough sleeping will have better access to specialist homelessness NHS mental health support, integrated with existing outreach services.

Employment support

Through increasing access to IPS, the NHS will support an additional 35,000 people with severe mental illnesses where it is a personal goal to find and retain employment by 2023/24, so that a total of 55,000 people per year access IPA. This investment will support people to get back into or gain access to employment. It will improve outcomes and recovery for people, meaning they spend less time in hospital and live healthier, happier lives. By 2028/29, NHSE aims to extend this to 50% of the eligible population to benefit up to 115,000 people.

4. Perinatal mental health

Increased provision

The Plan pledges to increase access to evidence-based care for women with moderate to severe perinatal mental health difficulties and a personality disorder diagnosis. This will benefit an additional 24,000 women per year by 2023/24, in addition to the extra 30,000 women getting specialist help by 2020/21.

Care provided by specialist perinatal mental health services will be available from preconception to 24 months after birth (care is currently provided from preconception to 12 months after birth). Access to evidence-based psychological therapies will be expanded within specialist perinatal mental health services so that they also include parent-infant, couple, co-parenting and family interventions.

Care for fathers/partners

Fathers/partners of women accessing specialist perinatal mental health services and maternity outreach clinics will be offered an evidence-based assessment for their mental health and signposting to support as required. This will contribute to helping to care for the 5-10% of fathers who experience mental health difficulties during the perinatal period.

Maternity outreach clinics

Maternity outreach clinics will integrate maternity, reproductive health and psychological therapy for women experiencing mental health difficulties directly arising from, or related to, the maternity experience.

5. Children and young people's mental health services

Expansion in services

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 the goal is to ensure that 100% of children and young people who need specialist care can access it.

Waiting times

Local areas will test approaches that could feasibly deliver 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.

Eating disorders

Over the next five years, NHSE will boost investment in children and young people's eating disorder services and extra investment will be provided to deliver the 95% standard beyond 2020/21. As well as this, mental health support for children and young people will be embedded in schools and colleges.

Crisis services

Age-appropriate crisis services are to be expanded to improve the experience of children and young people and reduce pressures on accident and emergency (A&E) departments, paediatric wards and ambulance services. The single point of access through NHS 111 aims to provide all children and young people experiencing a crisis with 24/7 crisis care.

New young adult services

New young adult mental health services for people aged 18-25 will support the transition to adulthood. Local areas will extend current service models to create a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults.

By 2028 service models for young people will offer person-centred and age appropriate care for mental and physical health needs, rather instead of young people facing an arbitrary transition to adult services based on age not need.

Children with complex needs

In selected areas, new services will be developed for children who have complex needs that are not currently being met, including for a number of children who have been subject to sexual assault but who are not reaching the attention of Sexual Assault Referral Services.

Student services

NHS England is working with Universities UK to build the capability and capacity of universities to improve student welfare services and improve access to mental health services.

6. Mental health services for adults and older adults

IAPT services

By 2023/24, an additional 380,000 adults and older adults will be able to access NICE-approved IAPT services.

Community mental health services

NHS will test four-week waiting times for adult and older adult community mental health teams with selected local areas to understand how best to introduce ambitious improvements in access, quality of care and outcomes.

By 2023/24, new models of care, underpinned by improved information sharing, will give 370,000 adults and older adults greater choice and control over their care, and support them to live well in their communities. New and integrated models of primary and community mental health care will support adults and older adults with severe mental illnesses. This new community-based offer will include 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.

Crisis mental health services

Specific waiting times targets for emergency mental health services to take effect from 2020. By 2023/24, NHS 111 will be the single, universal point of access for people experiencing mental health crisis. New mental health transport vehicles will reduce inappropriate ambulance conveyance or by police to A&E.

Mental health nurses in ambulance control rooms to improve triage and response to mental health calls and increase the mental health competency of ambulance staff through an education and training programme.

By 2020/21, all acute hospital will have an all-age mental health liaison service in A&E departments and inpatient wards by 2020/21, and that at least 50% of these services meet the 'core 24' service standard as a minimum. By 2023/24, 70% of these liaison services will meet the 'core 24' service standard, working towards 100% coverage thereafter.

There will be an increase in alternative forms of provision for those in crisis – sanctuaries, safe havens and crisis cafes provide a more suitable alternative to A&E for many people experiencing mental health crisis.

Inpatient care

Renewed commitment to eliminate inappropriate out of area placements for non-specialist acute care by 2021, as set out in the *Five Year Forward View for Mental Health*. A target of bringing the typical length of stay back to the national average of 32 days.

The Review seconds the recommendations by Professor Sir Simon Wessely's Mental Health Act review, capital investment from the forthcoming Spending Review will be needed to upgrade the physical environment for inpatient psychiatric care.

Addiction services

Over the next five years, those hospitals with the highest rate of alcohol dependence-related admissions will be supported to fully establish Alcohol Care Teams using funding from their CCG's health inequalities funding supplement. Delivered in the 25% of worst affected hospitals, NHSE estimates this could prevent 50,000 admissions over five years.

There will also be investment to expand NHS specialist clinics to help more people with serious gambling problems.

Veterans services

By 2023/24, veteran services will expand access to complex treatment services as well as targeted interventions for veterans in contact with the criminal justice system and the introduction of a veterans' accreditation scheme.

Dementia

The plan sets out an aim to better care t people with dementia through a more active focus on supporting people in the community through enhanced community multidisciplinary teams and the application of the NHS Comprehensive Model of Personal Care. It also aims to prevent 150,000 heart attacks, strokes and dementia cases over the next 10 years.

7. Intellectual disability and autism services

Plans to reduce morbidity and mortality:

- Introduction, by 2023/24, of a 'digital flag' in the patient record to ensure staff know when a patient has a learning disability or autism.
- Improvement of the uptake of the existing annual health check in primary care for people aged over 14 years with a learning disability, so that at least 75% of those eligible have a health check each year.
- Pilot the introduction of a specific health check for people with autism, and if successful, extend it more widely.

- Expand the Stopping Over Medication of People with a learning disability autism or both and Supporting Treatment and Appropriate Medication in Paediatrics (STOMP-STAMP) programmes.
- Continue to fund the Learning Disabilities Mortality Review Programme (LeDeR).

Plans to increase access to services:

- Over the next three years, autism diagnosis will be included alongside work with children and young people’s mental health services to test and implement the most effective ways to reduce waiting times for specialist services.
- Development of packages to support children with autism or other neurodevelopmental disorders including attention deficit hyperactivity disorder (ADHD) and their families, throughout the diagnostic process.
- By 2023/24 children and young people with a learning disability, autism or both with the most complex needs will have a designated keyworker, implementing the recommendation made by Dame Christine Lenehan.
- Supported internship opportunities targeted at people with a learning disability and/or autism will increase by 2023/24, with at least half converted to paid employment over the first five years of the Long Term Plan.

8. Workforce

Attracting and retaining the workforce is essential if the Plan is to be delivered. Below is a brief description of how the NHS intends to do so:

A comprehensive new workforce implementation plan

The funding available for additional investment in the workforce, in the form of training, education and continuing professional development (CPD) through the HEE budget has yet to be set by government. A workforce implementation plan will be published later in 2019.

Expanding the number of nurses, midwives, AHPs and other staff

Increase the number of undergraduate nursing degrees, reducing attrition from training and improving retention, with the aim of improving the nursing vacancy rate to 5% by 2028.

- A 25% increase in nurse undergraduate places, clinical placements for an extra 5,000 places will be funded from 2019/20, a 25% increase.
- From 2020/21, NHSE will provide funding for clinical placements for as many places as universities fill, up to a 50% increase.
- Explore ‘earn and learn’ support premiums for students embarking on more flexible undergraduate degrees in mental health or learning disability nursing, who are also predominantly mature students, with the aim of having an additional 4,000 people training by 2023/24, supported by the increased funding for clinical placements.
- As a commitment to helping recruit more staff, attract returners and retain those already in place, develop annual campaigns in conjunction with Royal Colleges and the trade unions for those roles that the NHS most urgently needs.

Growing the medical workforce

An aim to grow medical school places from 6,000 to 7,500 per year. Depending on the HEE training budget to be agreed in the Spending Review, the number of medical school places could grow further. The national workforce group will examine further options, including:

- more part-time study options;
- expanding the number of accelerated degree programmes which would allow people to train in four years rather than five years to widen access;
- greater contestability in allocating the 7,500 medical training places to universities so as to drive improvements in curricula (formal and informal), and the production of medical graduates who meet the primary care and specialty needs of the NHS.

Working with the British Medical Association, the medical Royal Colleges, the General Medical Council and providers of health services, to:

- widen NHS support for implementing of HEE’s work to improve the working lives of doctors in training

- accelerate the development of credentialing
- reform and re-open the Associate Specialist grade as an attractive career option
- accelerate work to ensure doctors are trained with the generalist skills needed to meet the needs of an ageing population
- develop incentives to ensure that the specialty choices of trainees meet the needs of patients by matching specialty and geographical needs, especially in primary care, community care and mental health services.

International recruitment

The workforce implementation plan will set out new national arrangements to support NHS organisations in recruiting overseas including exploring the potential to expand the Medical Training Initiative and working to ensure the post-Brexit migration system provides the necessary certainty for health and social care employers, particularly for shortage roles.

New roles

- As well as improving recruitment and retention in mental health medical training, new roles, such as physician associates, nursing associates, AHP associates and Advanced Clinical Practitioners are an important part of meeting current and future workforce demands.
- Encourage NHS organisations to give greater access for younger volunteers through programmes such as #iWill and an increased focus on programmes in deprived areas, and for those with mental health issues, learning disabilities and autism.
- Back the Helpforce programme with at least £2.3 million of NHS England funding to scale up successful volunteering programmes across the country, part of work to double the number of NHS volunteers over the next three years.

Supporting current NHS staff

- Extend the NHS Improvement's Retention Collaborative to all NHS employers, and NHS Improvement is committed to improving staff retention by at least 2% by 2025, the equivalent of 12,400 additional nurses.
- An expanded Practitioner Health Programme will help all NHS doctors access specialist mental health support, providing a safe, confidential non-stigmatising service to turn to when they are struggling and need help.
- Following agreement of the HEE training budget in this year's Government Spending Review, expect to increase investment in CPD over the next five years.
- Expand multi-professional credentialing to enable clinicians to develop new capabilities formally recognised in specific areas of competence. Development of credentials for mental health, cardiovascular disease, ageing population, preventing harm and cancer, with the intention of publishing standards in 2020.

The newly created role of NHS Chief People Officer, working with the national workforce group will take action for all NHS staff to:

- improve health and wellbeing, building on the NHS Health and Wellbeing Framework that includes recommendations from the Stevenson/Farmer review of mental health and employers, and management of sickness absence;
- support flexible working, including clarity on the proportion of roles to be advertised as flexible; and the ability to express advance shift preferences through e-rostering technology introduced over the next year and associated applications;
- clarify expectations on induction and other mandatory training;
- enable staff to more easily move from one NHS employer to another;
- set expectations for the practical help and support staff should receive to raise concerns, or inappropriate behaviours, confidentially.
- Invest up to £2 million a year from 2019/20 in programmes to reduce violence, bullying and harassment of staff. Invest a further £8 million by 2023/24 to pilot the use of body cameras.
- Through the Workforce Race Equality Standard, NHSE are making progress in addressing these issues from the perspective of BAME staff. NHS England will invest an extra £1 million a year to extend its work to 2025.
- Each NHS organisation will set its own target for BAME representation across its leadership team and broader workforce by 2021/22. This will ensure senior teams and Boards more closely represent the diversity of the local communities they serve.

- NHSE will also develop a new Workforce Disability Equality Standard with the aim of the NHS becoming a model employer in this regard.

Leadership and talent management

Nurture the next generation of leaders by more systematically identifying, developing and supporting those with the capability and ambition to reach the most senior levels of the service. This will 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;
- measures to support transitions from other sectors into senior leadership positions in the NHS.

Building on the ambitions of *Developing People: Improving Care*, work to support all parts of the NHS to create an inclusive and just culture that leads to outstanding staff engagement and patient care, including:

- programmes and interventions to ensure a more diverse leadership cadre, and more inclusive cultures, to improve the experience and representation of all staff and the population they serve;
- leadership development offers available to staff at all levels, and the establishment of a faculty of coaches and mentors available to support senior leaders;
- developing the knowledge of improvement skills and how to apply them for all levels of leadership in the NHS.

9. Research

The Long Term Plan pledges to treble industry contract and R&D collaborative research in the NHS over ten years, to nearly £1 billion. As well as this, it pledges to:

- Work to increase the number of people registering to participate in health research to one million by 2023/24.
- Continue to make it faster, cheaper and easier to undertake research in England through simpler standardised trial set-up processes and prices, initiated as part of NHS England's *12 Actions*¹⁵⁹.
- Guarantee funding for AHSNs, until April 2023.
- Expand the current NHS England 'Test Beds' through regional Test Bed Clusters from 2020/21.

10. Digitally-enabled care

By 2024, secondary care providers in England, including acute, community and mental health care settings, will be fully digitised, including clinical and operational processes across all settings, locations and departments. Data will be captured, stored and transmitted electronically, supported by robust IT infrastructure and cyber security, and Local Health and Care Record Exemplars (LHCRES) will cover the whole country.

By 2020, to endorse technologies that deliver digitally-enabled models of therapy for depression and anxiety disorders for use in IAPT services across the NHS. This will include therapies for children and young people and other modes of delivery, such as virtual and augmented reality, which are already demonstrating early success through the mental health GDE programme.

NHS organisations will from 2020 no longer use fax machines to communicate with other NHS organisations or patients.

The roll out of Electronic Patient Record (EPR) systems and associated apps will accelerate, including a spectrum of Software as a Service (SaaS)/Cloud-based variants. Provider digitisation will be implemented to nationally agreed standards to enable integration with the LHCRES to provide patient-centric and clinician-centric digital user journeys across all health settings.

NHSE will continue to support the development of apps and online resources to support good mental health and enable recovery.

11. College response and next steps

This Long Term NHS Plan has a welcome, much-needed focus on mental health and the commitment to spend a bigger share of the NHS budget in this area is long overdue. The College hopes that once this plan is implemented, more people with mental illness will be able to access care and support when they need it, close to home and the NHS workforce is provided with the resources it needs to do so. Of course, there is a lot more to be done for it to be a success.

Firstly, NHSE must ensure that the funding it provides reaches the frontline as intended, and this will require increasingly greater scrutiny to hold commissioners and providers to account. Success also depends on Integrated Care Systems having a clear focus on mental health and its relationships with their wider health and care systems.

Secondly, the introduction of new access and waiting time targets for adult mental health services may have a significant impact on spending decisions and clinical care. The NHS plans on testing these waiting times before rolling them out and it is essential this is done well to make sure they are appropriate and clinically relevant.

Thirdly, the NHS must continue to strive to attract and retain a skilled workforce for the future. This is going to be one of the biggest challenges facing the NHS and so the subsequent workforce plan is critical and eagerly anticipated.

Fourthly, tackling the inequalities faced by people with mental illness also requires progress beyond the NHS itself. There will need to be cross-governmental and cross-disciplinary work to include social care, public health and local government.

Overall, this plan provides a very positive start in a long journey to achieve parity of esteem between mental and physical health care. The College will continue to work with its partners to get the best for our patients and our members.